

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # V08348 1. Entity Name TOM HOLLAND, INC.	
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Principal Place of Business 523 4TH AVENUE SOUTHWEST LARGO, FL 34640	Mailing Address 523 4TH AVENUE SOUTHWEST LARGO, FL 34640
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DO NOT WRITE IN THIS SPACE

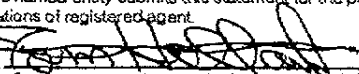


04102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3105882	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOLLAND, TOM 523 4TH AVENUE SOUTHWEST LARGO, FL 34640	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 4/16/04

Signature, typed or printed by me or registered agent and outside if applicable. (NOTE: Registered Agent signature required when reappointing.)

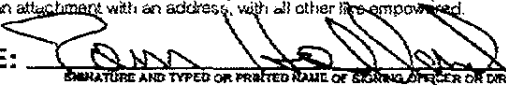
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT HOLLAND, TOM 523 4TH AVENUE S.W. LARGO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000120690
04/20/04-80019-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE 4/16/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR