


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # V09741**  
 1. Entity Name  
 HOLY LAND FOLIAGE, INC.



Principal Place of Business  
 2928 VALERIE AVE  
 APOPKA, FL 32712

Mailing Address  
 2928 VALERIE AVE  
 APOPKA, FL 32712

**DO NOT WRITE IN THIS SPACE**



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number  
 59-3106204

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MISTRIEL, WILLIE P.  
 2928 VALERIE AVE  
 APOPKA, FL 32712

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MISTRIEL, MICHAEL 2928 VALERIE AVE. APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MISTRIEL, WILLIE P. 2928 VALERIE AVE. APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000664701  
 03/22/07-80056-013 150.00

U00000660183  
 03/15/07-80049-013 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *M. Mistriel* MICHAEL MISTRIEL PRESIDENT 3-607 407-889-2993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #