2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # V26194

1. Entity Name
LYNNE HIXON-HOLLEY, P.A.

Principal Place of Business	Mailing Address
590 14TH AVE SO	BOX 625
NAPLES, FL 34102 US	NAPLES, FL 34106 US

DO NOT WRITE IN THIS SPACE

04212008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0330529	Not Applicable

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

6. **Name and Address of Current Registered Agent**

HIXON-HOLLEY, LYNNE
590 14TH AVENUE SOUTH
NAPLES, FL 34102

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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, 2008 Fee will be $550.00

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

U00000914143
05/08/08-80044-018 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	PVTS	
NAME	HIXON-HOLLEY, LYNNE	
STREET ADDRESS	590 14TH AVENUE SOUTH	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE		
NAME		
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CITY-ST-ZIP		

**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: _Lynne Hixon-Holley_ _April 21, 2008_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #