


FILED
Jun 10, 2005 8:00 am
Secretary of State

4/1:

04-13-2005 90069 003 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

66022545

DOCUMENT # P04000007556			
1. Entity Name HOLLY & JOHN, INC.			
Principal Place of Business 27079 SAFE HARBOR LANE PUNTA GORDA, FL 33983		Mailing Address 27079 SAFE HARBOR LANE PUNTA GORDA, FL 33983	
2. Principal Place of Business 27079 Safe Haven Lane State, Apt. #, etc.		3. Mailing Address 27079 Safe Haven Lane State, Apt. #, etc.	
City & State Punta Gorda Fla		City & State Punta Gorda Fla	
Zip 33983		Zip 33983	
Country		Country	
4. FEI Number 20-0520693		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLADFELTER, HOLLY D 27079 SAFE HARBOR LANE PUNTA GORDA, FL 33983		7. Name and Address of New Registered Agent Name: Keith Holly D. Street Address (P.O. Box Number is Not Acceptable) 27079 Safe Haven Lane City: Punta Gorda FL Zip Code: 33983	
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: Holly Keith Holly Keith		DATE: 5-4-05	
9. Election Campaign Financing. Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	President <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Holly Keith	NAME	
STREET ADDRESS	27079 Safe Haven Lane	STREET ADDRESS	
CITY-ST-ZIP	Punta Gorda, FL 33983	CITY-ST-ZIP	
TITLE	Vice president <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Keith	NAME	
STREET ADDRESS	27079 Safe Haven Lane	STREET ADDRESS	
CITY-ST-ZIP	Punta Gorda, FL 33983	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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 807, 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 the empowered.			
SIGNATURE: Holly Keith		DATE: 5-4-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			