


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000006503

1. Entity Name
 HOLDING CAPITAL GROUP, INC. (CT)



Principal Place of Business
 104 CRANDON BLVD., #419
 KEY BISCAYNE, FL 33149

Mailing Address
 104 CRANDON BLVD., #419
 KEY BISCAYNE, FL 33149

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number
 06-1378816

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SOTO, MYRNA
 104 CRANDON BLVD
 ROOM 419
 KEY BISCAYNE, FL 33149

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DONAGHY, JAMES W
STREET ADDRESS	7 RIDGEWOOD DRIVE
CITY-ST-ZIP	BRIDGEWATER, CT 06752
TITLE	VS
NAME	LEISCHNER, STEVEN
STREET ADDRESS	1979 DOGWOOD DRIVE
CITY-ST-ZIP	SCOTCH PLAINS, NJ 07076
TITLE	CD
NAME	SPENCER, S.A.
STREET ADDRESS	251 CRANDON BLVD 164
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	AS
NAME	LYNNE, DENIS
STREET ADDRESS	630 THIRD AVENUE 7TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Steven Leischner Vice Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-05 Date
 (3-5) 361-8864 Daytime Phone #

Steven Leischner