

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000116700

1. Entity Name

HOLSOMBAKE PROPERTIES, INC.



Principal Place of Business

**604 WOOD TRAIL
PANAMA CITY, FL 32405**

Mailing Address

**604 WOOD TRAIL
PANAMA CITY, FL 32405**



03082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FLL Number
20-1543820

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOLSOMBAKE, JAMES D
604 WOOD TRAIL
PANAMA CITY, FL 32405**

**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 filer, if applicable

(NOTE: Registered Agent signature required when changing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

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
**D
HOLSOMBAKE, JAMES D
604 WOOD TRAIL
PANAMA CITY, FL 32405**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HOLSOMBAKE, MARSHA J
604 WOOD TRAIL
PANAMA CITY, FL 32405**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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03/22/06-80019-001 150.00

**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 filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES D. Holsomake

3/10/06

850-832-0370

DATE

WORKING PHONE #