

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DW 4/30

FILED

Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000088501 1. Entity Name JEFFREY HOLDEN DEVELOPMENT, INC.					
Principal Place of Business 121 N. KENTUCKY AVENUE LAKELAND FL 33801			Mailing Address 121 N. KENTUCKY AVENUE LAKELAND FL 33801		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3539316	
5. Certificate of Status Desired ☐		☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HOLDEN, JEFFREY K 121 N. KENTUCKY AVENUE LAKELAND FL 33801				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete HOLDEN, JEFFREY K 121 N. KENTUCKY AVENUE LAKELAND FL 33801		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition U00000342487 04/29/05-80058-008 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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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)(f), 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 changed, or on an attachment with an address, with all other like empowered					
SIGNATURE: _____			JEFFREY K. Holden		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/29/05 Daytime Phone # 863-644-1217		