


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90018 009 \*\*\*150.00

DOCUMENT # P99000056702	
1. Entity Name WILLIAM A. HOLT, D.O., P.A.	

Principal Place of Business 21229-D OLEAN BLVD PORT CHARLOTTE, FL 33952	Mailing Address 21229-D OLEAN BLVD PORT CHARLOTTE, FL 33952
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54014442



02152004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0852254	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  HOLT, WILLIAM A D.O. 21293 COVINGTON AVENUE PORT CHARLOTTE, FL 33952
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**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 <i>William A. Holt</i>	DATE <i>2/15/04</i>
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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLT, WILLIAM A D.O. 21229-D OLEAN BLVD PORT CHARLOTTE, FL 33952
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**DO NOT WRITE  
IN THIS SPACE**

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: <i>William A. Holt</i>	DATE: <i>2/15/04</i> DAYTIME PHONE: <i>941-761-0800</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	