2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT #, J68795  1. Entity Name  HOLT CONTRACTORS, INC.				Feb 06, 2006 08:00 AM Secretary of State	
Principal Place of Business Mailing Ai		dress			
8161 NW 51ST PLACE CORAL SPRINGS FL 33067		-8161 NW CORAL S	,51ST PLACE PRINGS FL 330	67	
2. Principal Place of Business 3. Main		3. Mailing	Address		
Suite, Apt. If, etc.		Suite, A	pt. #, etc.		1st MOORE CR2E034 (10/05)
City & State		City & S	ate		4. FEI Number 65-0022674 Applied Fur Not Applied Fur
Zip	Country	Zip		Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered A	gent		7. Name and Address of New Registered Agent
HOLT, GERALD P. 8161 NW 51ST PLACE CORAL SPRINGS FL 33067				Name Street Address	(P.O. Box Number is Not Acceptable)
}				City	FL Zip Code
SIGNATURE  Exprended by product product name of regions of agent and bits it applicate  FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee Will Be \$550.00  Make Check Payable to Florida Department of State			k: (NOTE F	egistered Agert skjeaturs requii	9. Election Campaign Financing \$5.00 May 9 Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIHECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
1	DPT HOLT, GERALD P. 8161 NW 51ST PLACE CORAL SPRINGS FL 33067		☐ Delete	TICLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Adic** U000000422266 02/17/06-80003-008 150.00
THILE NAME STREET ADDRESS CITY-ST-2IP	DVS HOLT, ROLAND G. 8161 NW 51ST PLACE CORAL SPRINGS FL 33067	,	☐ Defete	TITLE NAME STREE ADDRESS CITY-ST-ZIP	☐ Change ☐ Arkiii
TITLE NAME STREET ADDRESS CITY-SI-ZIP			□ Delete	NIKE  NAME  STRILLI ADDRESS  CHY-S1-2IP	Change ☐ Acta
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	INTLE NAME SIREEI ADDRESS CNY-ST-ZIP	☐ Change ☐ Addr

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section t19, 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

2/1/06

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SIGNATURE: ∠

NING OFFICER ON DIRECTOR P. HOLE

954 755-7200...

**FILED**