

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 117489 1. Entity Name HOLTSINGER, INC.																																																																																																																																			
Principal Place of Business 3405 MULLEN AVE TAMPA FL 33609			Mailing Address PO BOX 22582 TAMPA FL 33622																																																																																																																																
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																																	
City & State		City & State																																																																																																																																	
Zip	Country	Zip	Country																																																																																																																																
6. Name and Address of Current Registered Agent TURNER, JOAN H 3405 MULLEN AVE TAMPA FL 33609				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																																															
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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">PS TURNER, JOAN H ☐ Delete</td> <td style="width: 10%; padding: 2px;">☐ Change ☐ Addition</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td colspan="2" style="padding: 2px;">U000000018210 ☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">3405 MULLEN AVE</td> <td></td> <td style="padding: 2px;">NAME</td> <td colspan="2" style="padding: 2px;">01/28/04-80126-008 150.00</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">TAMPA FL</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">TD ☐ Delete</td> <td></td> <td style="padding: 2px;">TITLE</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">TURNER, JOAN H</td> <td></td> <td style="padding: 2px;">NAME</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">3405 MULLEN AVE</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">TAMPA FL</td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">☐ Delete</td> <td></td> <td style="padding: 2px;">TITLE</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">☐ Delete</td> <td></td> <td style="padding: 2px;">TITLE</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">☐ Delete</td> <td></td> <td style="padding: 2px;">TITLE</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td colspan="2"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	PS TURNER, JOAN H ☐ Delete	☐ Change ☐ Addition	TITLE	U000000018210 ☐ Change ☐ Addition		NAME	3405 MULLEN AVE		NAME	01/28/04-80126-008 150.00		STREET ADDRESS	TAMPA FL		STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE	TD ☐ Delete		TITLE			NAME	TURNER, JOAN H		NAME			STREET ADDRESS	3405 MULLEN AVE		STREET ADDRESS			CITY - ST - ZIP	TAMPA FL		CITY - ST - ZIP			TITLE	☐ Delete		TITLE			NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE	☐ Delete		TITLE			NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE	☐ Delete		TITLE			NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			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)(b), 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: <u>Joan H. Turner</u> Joan H. Turner 1-21-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																			