



FILED
Jan 26, 2007 08:00 AM
Secretary of State

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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			
DO NOT WRITE IN THIS SPACE					
				 01032007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-0969126		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TURNER, JOAN H 3405 MULLEN AVE TAMPA, FL 33609				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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PS TURNER, JOAN H 3405 MULLEN AVE TAMPA, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TD TURNER, JOAN H 3405 MULLEN AVE TAMPA, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE U000000605072 01/30/07-80021-013 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 like empowered.					
SIGNATURE: <i>Joan H. Turner</i>		Joan H. Turner President 1-24-07			