


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 199996 1. Entity Name HOLSTEIN, CHURCH & PICKERING, INC.	
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Principal Place of Business 723 NORTH BAY ST P.O. DRAWER 1450 EUSTIS, FL 32727	Mailing Address 723 NORTH BAY ST P.O. DRAWER 1450 EUSTIS, FL 32727
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DO NOT WRITE IN THIS SPACE



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0796968	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHURCH, WILLIAM J 626 OHIO BOULEVARD P.O. DRAWER 1450 EUSTIS, FL 32727
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PD CHURCH, WILLIAM J. 626 OHIO BLVD. EUSTIS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JACOBS, MARIAN W. 507 DEIDRICH EUSTIS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WILSON, JACK R. 2361 RUTH AVE. EUSTIS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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1000000313530
04/18/05-80128-016 150.00

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: <u>JACK R WILSON, SECRETARY</u> <u>Jack R Wilson</u>	4-15-05 (352) 357-4104
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>