


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90180 022 \*\*\*150.00

<b>DOCUMENT # 221868</b> 1. Entity Name <b>HOLT, INC.</b>					
Principal Place of Business <b>ELDON C. HOLT</b> <b>1717 12TH AVE SO</b> <b>LAKE WORTH, FL 33460</b>			Mailing Address <b>ELDON C. HOLT</b> <b>1717 12TH AVE SO</b> <b>LAKE WORTH, FL 33460</b>		
2. Principal Place of Business - No P.O. Box # <b>1717 12th Ave. S</b>		3. Mailing Address <b>1717 12th Ave S.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>LAKE WORTH, FL</b>		City & State <b>LAKE WORTH, FL</b>		4. FEI Number <b>38-1618585</b>	
Zip <b>33460</b>		Country 		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>HOLT, ELDON</b> <b>1717 12TH AVENUE SOUTH</b> <b>LAKE WORTH, FL 33460-5399</b>			7. Name and Address of New Registered Agent Name <b>MAY HOLT GOODSTEIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>1717 12th Ave S. E-4</b> City <b>LAKE WORTH</b> <b>FL</b> Zip Code <b>33460</b>		
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: <u><i>May Holt Goodstein</i></u> DATE: <u><i>4/26/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOLT, ELDON 1717 12TH AVE S F-4 LAKE WORTH, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GOODSTEIN, MAY HOLT 1717 12TH AVE S E-4 LAKE WORTH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FV HOLT, RONALD D. 1324 BARTON ROAD LAKE WORTH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOLT, MARIAN G 1717 12TH AVE SO E-2 LAKE WORTH, FL 33469	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HOLT, JUDY A 1324 BARTON RD LAKE WORTH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SAM GOODSTEIN 1717 12th AVE S. E-5 LAKE WORTH, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JASON HOLT 1717 12th AVE S. B-2 LAKE WORTH, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: <u><i>May Holt Goodstein</i></u> DATE: <u><i>4/26/08</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					