


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90386 026 \*\*\*150.00

**DOCUMENT # 389675**  
 1. Entity Name  
**HOLDER & TOMLINSON, INC.**



Principal Place of Business Mailing Address  
~~8034~~ **3046** W 30TH COURT PANAMA CITY FL 32405  
~~3034~~ **3046** W 30TH COURT PANAMA CITY FL 32405



2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. **3046 W. 30TH COURT**  
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State City & State  
**PANAMA CITY, FL**  
 Zip Country Zip Country  
**32405** **FL**

4. FEI Number **59-1364846** Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLDER, HELEN B**  
~~3034~~ **3046** W. 30TH COURT  
 PANAMA CITY FL 32405

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 Helen B. Holder  
 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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
 Trust Fund Contribution.  Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>HOLDER, LEA A</b>	
STREET ADDRESS	<b>3034 30 CT., W</b>	
CITY-ST-ZIP	<b>PANAMA CITY, FL 00000</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HOLDER, HELEN B</b>	
STREET ADDRESS	<b>3034 30TH CT. W</b>	
CITY-ST-ZIP	<b>PANAMA CITY, FL 00000</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Helen B. Holder **HELEN B. HOLDER** 4/13/05 850-785-5444  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #