


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 389675</b> 1. Entity Name <b>HOLDER &amp; TOMLINSON, INC.</b>	
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Principal Place of Business 3046 W 30TH COURT PANAMA CITY FL 32405	Mailing Address 3046 W 30TH COURT PANAMA CITY FL 32405
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE      CR2E034 (10/06)

6. Name and Address of Current Registered Agent  <b>HOLDER, HELEN B</b> <b>3046 30TH CT W.</b> <b>PANAMA CITY FL 32405</b>	4. FEI Number <b>59-1364846</b> Applied For <input type="checkbox"/> Not Applicable
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  State <b>FL</b> Zip Code
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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**  
**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	
TITLE	S HOLDER, LEA A <input type="checkbox"/> Delete
NAME	3034 30 CT., W
STREET ADDRESS	PANAMA CITY, FL 00000
CITY - ST - ZIP	
TITLE	PD HOLDER, HELEN B <input type="checkbox"/> Delete
NAME	3034 30TH CT. W
STREET ADDRESS	PANAMA CITY, FL 00000
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"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000640178
STREET ADDRESS	02/28/07-80054-021 150.00
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 exemptions contained in Section 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 empowerings.

**SIGNATURE:** HELEN B. HOLDER  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date 2/16/07      Day/Time Phone # 850-485-5444