

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 604703**

1. Entity Name  
**HOLDEN, RAPPENECKER, AND EUBANK, P.A.**



Principal Place of Business  
**2772-S NW 43 ST  
GAINESVILLE, FL 32606**

Mailing Address  
**2772-S NW 43 ST  
GAINESVILLE, FL 32606**



01092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1484742</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HOLDEN, CHARLES I., JR.  
2772-S NW 43 ST  
GAINESVILLE, FL 32606**

**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, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	EUBANK, BOBBIE LEE
STREET ADDRESS	2772-S NW 43 ST
CITY- ST- ZIP	GAINESVILLE, FL 32606
TITLE	PD
NAME	HOLDEN, CHARLES I., JR.
STREET ADDRESS	2772-S NW 43 ST
CITY- ST- ZIP	GAINESVILLE, FL 32606
TITLE	S
NAME	EUBANK, BOBBIE LEE
STREET ADDRESS	2772 S NW 43 ST
CITY- ST- ZIP	GAINESVILLE, FL 32606
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000784162  
01/16/08-80042-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** Charles I. Holden, Jr. **CHARLES I. HOLDEN, JR.,** 1/8/08 352-377-5900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone #