

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90044 020 \*\*\*150.00

**DOCUMENT # F03063090179**

1. Entity Name

**DH & ASSOCIATES, INC.**



Principal Place of Business

**6151 POWERS FERRY ROAD, SUITE 160  
ATLANTA GA 30339**

Mailing Address

**6151 POWERS FERRY ROAD, SUITE 160  
ATLANTA GA 30339**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

**136 Osprey Pt Dr.**

City & State

City & State

**Osprey, FL 34229**

Zip

Country

Zip

**34229**

Country

**Sarasota**

4. FEI Number

**58-1782596**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

**HOLDER, DOUGLAS JR.  
622 N. FLAGLER DRIVE  
#303  
WEST PALM BEACH, FL 33401**

**7964 meadow Rush  
Loop  
Sarasota, FL  
34238**

7. Name and Address of New Registered Agent

Name **(Same) Douglas A. Holder Jr.**  
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

**Douglas A. Holder Jr.**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PCD** ☐ Delete  
NAME **HOLDER, DOUGLAS**  
STREET ADDRESS **622 NORTH FLAGLER DRIVE, #303**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **VD** ☐ Delete  
NAME **HOLDER, DOUGLAS JR.**  
STREET ADDRESS **622 NORTH FLAGLER DRIVE, #303**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **STD** ☐ Delete  
NAME **HOLDER, CAROLYN ANN**  
STREET ADDRESS **622 NORTH FLAGLER DRIVE, #303**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Douglas A. Holder** ☒ Change ☐ Addition  
NAME **136 Osprey Point Drive**  
STREET ADDRESS **Osprey, Florida 34229**  
CITY-ST-ZIP

TITLE **7964 Meadow Loop** ☒ Change ☐ Addition  
NAME **Sarasota, FL 34238**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **136 Osprey Pt. Dr** ☒ Change ☐ Addition  
NAME **Osprey FL**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 empowered.

SIGNATURE:

**Douglas A. Holder Jr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/13/06**

Date

Daytime Phone #