2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006771

DOD HOLTZ OFFINIOFO INC

FILED May 26, 2005 Secretary of State

Entity Nam	ie: ROR HOLI	Z SERVICES, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
178 DENARGO MARKET DENVER, CO 80216				301 A ST IDAHO FALLS, ID 83402			
Current Mailing Address:				New Mailing Address:			
178 DENARGO MARKET DENVER, CO 80216				PO BOX 51038 IDAHO FALLS, ID 83405			
FEI Number:	84-1438523	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1200 SOUT PLANTATIO	DRATION SYS TH PINE ISLAN DN, FL 33324 named entity si	D ROAD US	urpose o	f changing it	s registered of	ffice or registered agent, or both	ı ,
in the State	of Florida.	·					
SIGNATUR		Signature of Registered Ager				 Date	-
Election Cam		Trust Fund Contribution ().	ıı			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () I HOLTZ, ROBERT 3131 E ALAMED DENVER, CO 80	A AVE #308		Title: Name: Address: City-St-Zip:	PD (X) MILLER, DAVID 301 A ST IDAHO FALLS, I		
Title: Name: Address: City-St-Zip:	DV () I GAINES, DAVID RR NO 2 BOX 49 TIDIOUTE, PA 1	92		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	DST () I HOLTZ, ANNE H 3131 E ALAMED DENVER, CO 80			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	CFO () I FLATE, NEILL 5279 TERRITOR PARKER, CO 80			Title: Name: Address: City-St-Zip:	CFO (X) MILLS, STAN 301 A ST IDAHO FALLS, I	Change () Addition	
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	PRES () HOLTZ, ROBER 2501 NEUDORF CLEMMONS, NO	RD	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STAN MILLS CFO 05/26/2005