

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2008 08:00 A
Secretary of State

DOCUMENT # G17995

1. Entity Name
HOLT GENERATOR SHOP, INC.



Principal Place of Business

% **RAYMOND E. HOLT**
10244 LEM TURNER ROAD
JACKSONVILLE, FL 32218

Mailing Address

% **RAYMOND E. HOLT**
10244 LEM TURNER ROAD
JACKSONVILLE, FL 32218



03212008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2252953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOLT, RAYMOND E.
10244 LEM TURNER ROAD
JACKSONVILLE, FL 32218

**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 _____

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, 2008 Fee will be \$550.00

9. Election Campaign Financing -
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

UD00000872651
04/10/08 00046 017 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HOLT, RAYMOND E.
10661 ARNEZ RD
JACKSONVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
HOLT, DAVID L.
10660 ARNEZ RD
JACKSONVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-08 (904) 764-0954

Date

Daytime Phone #