2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 28, 2004 8:00 am Secretary of State DOCUMENT # J17160 1. Entity Name 04-28-2004 90293 033 ***150.00 J. DAVID HOLDER, P.A. Principal Place of Business Mailing Address 1408 N. PIEDMONT WAY, SUITE 100 1408 N. PIEDMONT WAY, SUITE 100 TALLAHASSEE, FL 22312-TALLAHASSEE, FL 32312 32308 32308 No Chg-P 04222004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2684111 Not Applicable \$8.75 Additional 5. Certificate of Status Desired . 🗆 Fee Required 6. Name and Address of Current Registered Agent HOLDER, J. DAVID DO NOT WRITE 1408 N. PIEDMONT WAY, SUITE 100 TALLAHASSEE, FL 32312 IN THIS SPACE 32308 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, typed or printed name of registered agent and title if agglicable DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. HOLDER, J. DAVID NAME STREET ADDRESS 1408 N PIEDMONT WAY #100 TALLAHASSEE, FL - 37308 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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

SIGNATURE:

TITLE NAME STREET ADDRESS CTTY-ST-ZIP



FILED