## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## Feb 26, 2004 8:00 am Secretary of State DOCUMENT # J68795 1. Entity Name 02-26-2004 90023 028 \*\*\*150.00 HOLT CONTRACTORS, INC. Principal Place of Business Mailing Address % GERALD P. HOLT 8282 SOUTHWEST FIRST MANOR CORAL SPRINGS FL 33071 % GERALD P. HOLT 8282 SOUTHWEST FIRST MANOR CORAL SPRINGS FL 33071 **54040460** 2. Principal Place of Business 3. Mailing Address 8161 N. W. 51st Place 8161 N. W. 51st Place Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0022674 Not Applicable Coral Springs, Fl <u>Coral Springs, Florida</u> Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required U.S. A. 33067 6. Name and Address of Current Registered Agent 33067 7. Name and Address of New Registered Agent Name HOLT, GERALD P. Street Address (P.O. Box Number is Not Acceptable) 8282 SOUTHWEST FIRST MANOR 8161 N. W. 51st Place CORAL SPRINGS FL 33071 Zip Code 33067 Coral Springs, 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 legistered agent. GERACO Hour (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 PUFAGE CHANGE After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be oncy! Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPT TITLE TITLE ☐ Delete Change ☐ Addition DPT HOLT. GERALD P. NAME NAME Holt, Gerald P. 8161 N. W. 51st Place Coral Springs, Florida 33067 STREET ADDRESS 8282 S.W. FIRST MANOR STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL CITY-ST- ZIP Delete TITLE Change ☐ Addition HOLT, ROLAND G. NAME Holt, Roland G. STREET ADDRESS 8282 S.W. FIRST MANOR STREET ADDRESS 8161 N. W. 51st Place CITY-ST-ZIP CORAL SPRINGS FL CITY-ST-ZIP Coral Springs, Florida 33467 Addition TITLE Delete NAME \*\* NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 changed, or on an attachment with an address, with all other like empowered.

SATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR HOLE, PIESIDENT

FILED

2/10/04 954 755-7200