


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # K61409 1. Entity Name HOL-TITE, INC. |  |
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|--|--|
| Principal Place of Business P O BOX 60295 ST PETE, FL 33784-295 US | Mailing Address P O BOX 60295 ST PETE, FL 33784-295 US |
|--|--|

DO NOT WRITE IN THIS SPACE



.03262007 - No Chg-P - CR2E034 (11/05)

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|---|--|
| 4. FEI Number 59-2927774 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**DWYER, WILLIAM F
6101 109TH AVE. N
PINELLAS PARK, FL 33782**

**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 *William F. Dwyer* DATE 4-24-07
Signature typed or printed name of registered agent and date of signature (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | | |
|--------------------|---------------------------------|--|---|
| TITLE PT | NAME DWYER, WILLIAM F | STREET ADDRESS 6101 109TH AVE. N | CITY-ST-ZIP PINELLAS PARK, FL 33782 |
| TITLE V | NAME DWYER, MARY ANN | STREET ADDRESS 6101 109TH AVE. N | CITY-ST-ZIP PINELLAS PARK, FL 33782 |
| 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**

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05/14/07-80030-019 150.00

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: *William F. Dwyer* DATE 4-24-07 DAYTIME PHONE # 727.546.8868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR