

2005 ANNUAL REPORT CORPORATION

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000040608
 1. Entity Name
DAVE HOLT, INC.



Principal Place of Business Mailing Address
1631 MAYFIELD AVE. WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE



02212005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3639402** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HOLT, DAVID L
1631 MAYFIELD AVE.
WINTER PARK, FL 32789

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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 _____ (NOTE: Registered Agent signature required when non-stamped) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

U00000240282
 02/23/05-80024-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOLT, DAVE
STREET ADDRESS	1631 MAYFIELD AVE
CITY ST ZIP	WINTER PARK, FL 32789
TITLE	VP
NAME	HOLT, ANSLEY
STREET ADDRESS	1631 MAYFIELD AVE
CITY ST ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L. HOLT Due THS 2/21/05 ⁴⁰⁷ 9575366
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Page No. Fee No.