

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000107995

FILED  
Jul 02, 2004  
Secretary of State

Entity Name: KAREN HOLDEN, INC.

## Current Principal Place of Business:

400 EAST BAY STREET  
SUITE #207  
JACKSONVILLE, FL 32202

## New Principal Place of Business:

181 OAK COMMON AVENUE  
SAINT AUGUSTINE, FL 32095

## Current Mailing Address:

400 EAST BAY STREET  
SUITE #207  
JACKSONVILLE, FL 32202

## New Mailing Address:

181 OAK COMMON AVENUE  
SAINT AUGUSTINE, FL 32095

FEI Number: 59-1111240

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOLDEN, KAREN  
400 EAST BAY STREET  
SUITE #207  
JACKSONVILLE, FL 32202

## Name and Address of New Registered Agent:

HOLDEN, KAREN  
181 OAK COMMON AVENUE  
SAINT AUGUSTINE, FL 32095

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.

SIGNATURE:

07/02/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete  
Name: HOLDEN, KAREN  
Address: 12924 BIGGIN CHURCH RDS  
City-St-Zip: JACKSONVILLE, FL 32224

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition  
Name: HOLDEN, KAREN  
Address: 181 OAK COMMON AVENUE  
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: DPST ( ) Change (X) Addition  
Name: ORR, BRUCE N  
Address: 181 OAK COMMON AVENUE  
City-St-Zip: SAINT AUGUSTINE, FL 32095

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE N ORR

DPST

07/02/2004

Electronic Signature of Signing Officer or Director

Date