


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90171 032 ***150.00

DOCUMENT # P00000118017					
1. Entity Name HOLT TRACTOR SERVICE, INC.					
Principal Place of Business 13110 FISHERY RD. PLACIDA, FL 33946			Mailing Address P.O. BOX 362 PLACIDA, FL 33946		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DICKINSON, ROBERT A 460 S. INDIANA AVE. ENGLEWOOD, FL 34223				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	PVSD <input type="checkbox"/> Delete				
NAME	SCHWORM, KATHY				
STREET ADDRESS	13110 FISHERY RD.				
CITY-ST-ZIP	PLACIDA, FL 33946				
TITLE	T <input type="checkbox"/> Delete				
NAME	HOLT, DAVID				
STREET ADDRESS	7408 STETSON LANE				
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	✓ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	Kathy Schworm				
STREET ADDRESS	13110 Fishery Rd				
CITY-ST-ZIP	Placida, Fl. 33946				
TITLE	P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	David Holt				
STREET ADDRESS	7408 Stetson Ln				
CITY-ST-ZIP	Port charlotte, Fl. 33981				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: <u>David Holt</u> 4-21-08 941-474-1293					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

60032843



04072008 Chg-P CR2E034 (12/06)

4. FEI Number
65-1108715

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

FL Zip Code