

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000088182

1. Entity Name  
TJ HOLUB, INC.



Principal Place of Business  
1257 SOUTHWEST ASTURIA AVENUE  
PORT ST. LUCIE, FL 34953

Mailing Address  
1257 SOUTHWEST ASTURIA AVENUE  
PORT ST. LUCIE, FL 34953



**DO NOT WRITE IN THIS SPACE**

02122005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1136945 Applied For Not Applicable

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

**6. Name and Address of Current Registered Agent**

HOLUB, THOMAS J  
1257 SOUTHWEST ASTURIA AVENUE  
PORT ST. LUCIE, FL 34953

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	HOLUB, THOMAS J
STREET ADDRESS	1257 SOUTHWEST ASTURIA AVE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953
TITLE	ST
NAME	HOLUB, JANN C
STREET ADDRESS	1257 SOUTHWEST ASTURIA AVE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000352495  
05/03/05-80028-024 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Thomas J. Holub Thomas J. Holub President 4/29/05 954-609-9555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #