


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000009715 1. Entity Name C. HOLDEN ENTERPRISES, INC.	
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Principal Place of Business 4538 S SEMORAN BLVD ORLANDO, FL 32822	Mailing Address 4538 S SEMORAN BLVD ORLANDO, FL 32822
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WEATHERFORD, WILLIAM P JR
1031 W. MORSE BLVD.
SUITE 105
WINTER PARK, FL 32789

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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


In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOLDEN, CHARLES A III 4141 OCEAN DRIVE #503 VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOLDEN, CHARLES A III 5996 BENT PINE DR APT 3210 ORLANDO, FL 32822
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**DO NOT WRITE
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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____