


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2006 8:00 am
Secretary of State

08-30-2006 90002 034 ***550.00

DOCUMENT # P02000035070

1. Entity Name
HOLBENS ON CENTRAL INC.



Principal Place of Business
**404 MARTIN LUTHER KING
 STE C-11&12
 MADISON, FL 32340**

Mailing Address
**PO BOX 548
 LEE, FL 32059**

2. Principal Place of Business
1484 SE Coolidge Tr 1
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 548
 Suite, Apt. #, etc.

City & State
Lee, FL

City & State
Lee FL

Zip
32059 Country
USA

Zip
32052 Country
USA



08112006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

**HOLBEN, JAMES L
 1309 E BASE ST
 MADISON, FL 32340**

7. Name and Address of New Registered Agent

Name
JAMES L Holben

Street Address (P.O. Box Number is Not Acceptable)
1484 SE Coolidge Tr 1

City
Lee FL Zip Code
32059

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 *James L Holben* (NOTE: Registered Agent signature required when reinstating)

DATE Aug 15 06

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLBEN, JAMES L PO BOX 548 LEE, FL 32059	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James L Holben* DATE: Aug 15 06 877247 9988
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #