
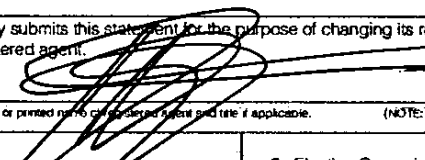
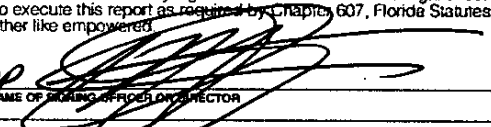


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90065 039 \*\*\*150.00

<b>DOCUMENT # P02000069384</b> 1. Entity Name <b>HOLTKAMP CONSTRUCTION, INC.</b>																													
Principal Place of Business <b>131 SEALINE KEY WEST, FL 33040</b>			Mailing Address <b>131 SEALINE KEY WEST, FL 33040</b>																										
2. Principal Place of Business <b>131 SEA LANE</b>		3. Mailing Address <b>131 SEA LANE</b>																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																											
City & State 		City & State 		4. FEI Number <b>52-2372638</b>																									
Zip 		Country 		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04072005 Chg-P CR2E034 (10/03)																									
6. Name and Address of Current Registered Agent  <b>MEADOWS INC 2812 HARRIS AVE. KEY WEST, FL 33040</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HOLTKAMP, JORDAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1209 WILLIAM ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>KEY WEST, FL 33040</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	HOLTKAMP, JORDAN		STREET ADDRESS	1209 WILLIAM ST		CITY-ST-ZIP	KEY WEST, FL 33040		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <b>JORDAN HOLTKAMP</b>  <b>4/18/05</b> (305) <b>797-9339</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													