


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90035 009 ***150.00

DOCUMENT # P02000135633

1. Entity Name
HOLT BUSINESS DEVELOPMENT CORPORATION



Principal Place of Business
11825 NW 13TH ST
PEMBROKE PINES, FL 33026 US

Mailing Address
11825 NW 13TH ST
PEMBROKE PINES, FL 33026 US

2. Principal Place of Business
5074 S.W. 161st AVE
 Suite, Apt. #, etc.

3. Mailing Address
5074 S.W. 161st. AVE
 Suite, Apt. #, etc.

City & State
MIRAMAR, FL.

City & State
MIRAMAR, FL

Zip
33027

Country
Broward

Zip
33027

Country
Broward



01142004 Chg-P CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
HOLT, REGINALD
11825 NW 13TH STREET
PEMBROKE PINES, FL 33026

7. Name and Address of New Registered Agent
 Name **Holt, Reginald**
 Street Address (P.O. Box Number is Not Acceptable)
5074 S.W. 161st. AVE.
 City **MIRAMAR** FL Zip Code **33027**

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: **Reginald Holt** DATE: **3/2/04**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLT, REGINALD A 11825 NW 13TH ST PEMBROKE PINES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOLT, ALAN 11825 NW 13TH ST PEMBROKE PINES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLT, DARREN 11825 NW 13TH ST PEMBROKE PINES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLT, JESSE 11825 NW 13TH ST PEMBROKE PINES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLT, SEAN 11825 NW 13TH ST PEMBROKE PINES, FL <input type="checkbox"/> Delete	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"/> Delete	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 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: **Reginald Holt (Reginald Holt)** DATE: **3/2/04** DAYTIME PHONE #: **954 829-8531**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR