


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000135633  
1. Entity Name  
HOLT BUSINESS DEVELOPMENT CORPORATION



Principal Place of Business Mailing Address  
5074 S.W. 161ST. AVE 5074 S.W. 161ST. AVE  
MIRAMAR, FL 33027 US MIRAMAR, FL 33027 US

**DO NOT WRITE IN THIS SPACE**



03152005 No 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  
5074 S.W. 161ST. AVE.  
MIRAMAR, FL 33027

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of Registered Agent and State if applicable (NOTE: Registered Agent signature required when reinstating)

**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

U00000269313  
03/19/05-80005-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOLT, REGINALD A
STREET ADDRESS	11825 NW 13TH ST
CITY-ST-ZIP	PEMBROKE PINES, FL
TITLE	V
NAME	HOLT, ALAN
STREET ADDRESS	11825 NW 13TH ST
CITY-ST-ZIP	PEMBROKE PINES, FL
TITLE	D
NAME	HOLT, DARREN
STREET ADDRESS	11825 NW 13TH ST
CITY-ST-ZIP	PEMBROKE PINES, FL
TITLE	D
NAME	HOLT, JESSE
STREET ADDRESS	11825 NW 13TH ST
CITY-ST-ZIP	PEMBROKE PINES, FL
TITLE	D
NAME	HOLT, SEAN
STREET ADDRESS	11825 NW 13TH ST
CITY-ST-ZIP	PEMBROKE PINES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: Reginald A. Holt (Reginald Holt) 3/16/05 (954) 829-8531  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #