2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 12, 2006 8:00 am Secretary of State DOCUMENT # P03000072631 04-12-2006 90076 008 ***150.00 HOLT SERVICES CORPORATION, INC. Principal Place of Business Mailing Address 993 ROCK ISLAND PLACE 993 ROCK ISLAND PLACE PENSACOLA, FL 32505 US PENSACOLA, FL 32505 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03092006 CR2E034 (11/05) City & State 4. FEI Number Applied For City & State 36-4535267 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOLT, RONALD G JR Street Address (P.O. Box Number is Not Acceptable) 9933 ROCK ISLAND PLACE PENSACOLA, FL 32505 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRES ☐ Change ■ Addition TITLE ☐ Delete TITI F HOLT, RONALD G JR. NAME NAME STREET ADDRESS 993 ROCK ISLAND PLACE STREET ADDRESS PENSACOLA, FL 32505 CITY-ST-7IP CITY-S7-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change | ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR

NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

■ Addition

FILED