# 2005 FOR PROFIT CORPORATION
## ANNUAL REPORT

DOCUMENT # P03000120237

**1.** Entity Name
TONY HOLT & SONS WELL DRILLING & PUMP SERVICE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6145 DURANT RD | P O BOX 35 |
| DOVER, FL 33527 | DURANT, FL 33530 |

## DO NOT WRITE IN THIS SPACE

03182005      No Chg-P      CR2E034 (10/03)

| **4.** FEI Number | Applied For |
|---|---|
| 20-0361387 | Not Applicable |

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

**6. Name and Address of Current Registered Agent**

HOLT, ANTHONY C SR
6145 DURANT RD
DOVER, FL 33527

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**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 re        instating)                DATE

| **FILE NOW!!! FEE IS $150.00** <br> **After May 1, 2005 Fee will be $550.00** | **9.** Election Campaign Financing Trust Fund Contribution.  ☐ | **$5.00** May Be Added to Fees |
|---|---|---|

II0000284408
04/02/05-80003-021  150.00

**10.**  OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PS/T |
| NAME | HOLT, ANTHONY C SR |
| STREET ADDRESS | 6145 DURANT RD |
| CITY-ST-ZIP | DOVER, FL 33527 |
| TITLE | VP |
| NAME | HOLT, ANTHONY C JR |
| STREET ADDRESS | 6145 DURANT RD |
| CITY-ST-ZIP | DOVER, FL 33527 |
| TITLE | VP |
| NAME | HOLT, CALEB C |
| STREET ADDRESS | 6145 DURANT RD |
| CITY-ST-ZIP | DOVER, FL 33527 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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## 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 Block10 or Block11 if changed, or on an attachment withan address, with all other like empowered.

SIGNATURE: _Anthony C Holt_        3/18/05        813-690-6061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR        Date        Daytime Phone #