

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000122963

1. Entry Name
EDWARD HOLDEN CONSTRUCTION, INC.



Principal Place of Business
**1420 BOY SCOUT RD.
DEFUNIAK SPRINGS, FL 32435**

Mailing Address
**1420 BOY SCOUT RD.
DEFUNIAK SPRINGS, FL 32435**



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
03-0530577

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOLDEN, EDWARD
1420 BOY SCOUT RD.
DEFUNIAK SPRINGS, FL 32435**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**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**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOLDEN, EDWARD
STREET ADDRESS	1420 BOY SCOUT RD.
CITY - ST - ZIP	DEFUNIAK SPRINGS, FL 32435
TITLE	T
NAME	HOLDEN, MARJORIE
STREET ADDRESS	1420 BOY SCOUT RD.
CITY - ST - ZIP	DEFUNIAK SPRINGS, FL 32435
TITLE	S
NAME	HOLDEN, EDWARD
STREET ADDRESS	1420 BOY SCOUT RD.
CITY - ST - ZIP	DEFUNIAK SPRINGS, FL 32435
TITLE	V
NAME	TATRO, RUSSELL
STREET ADDRESS	39 TERENCE COURT
CITY - ST - ZIP	DEFUNIAK SPGS, FL 32433
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/21/05-80013-004 150.00

**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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #