


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000129501 1. Entity Name THE HOLDING HANDS PROJECT, INC.	
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Principal Place of Business 1132 HOLLYWOOD AVE CLEARWATER, FL 33759	Mailing Address 1132 HOLLYWOOD AVE CLEARWATER, FL 33759
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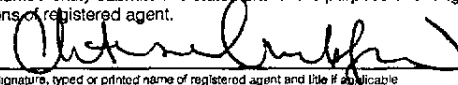
03172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2132136	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CRUMBLEY, CHRISTINA 1132 HOLLYWOOD AVE CLEARWATER, FL 33759

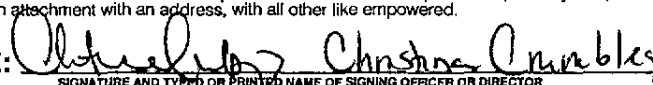
DO NOT WRITE IN THIS SPACE

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  3/17/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRUMBLEY, CHRISTINA 1132 HOLLYWOOD AVE CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRUMBLEY, MICHAEL 1132 HOLLYWOOD AVE CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STENGER, ROGER 2804 EDENWOOD ST CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STENGER, VIRGINIA 2804 EDENWOOD ST CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000270472 03/21/05-80008-018 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  3/17/05 727-712-8287 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>
