

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000023322**

1. Entity Name  
**BARBARA A. HOLDT, P.A.**



Principal Place of Business  
**3551 CROWFUT COURT  
 BONITA SPRINGS, FL 34134**

Mailing Address  
**3551 CROWFUT COURT  
 BONITA SPRINGS, FL 34134**

**DO NOT WRITE IN THIS SPACE**



03012006 No Chg-P CRZE034 (11/05)

4. FEI Number  
**20-0693526**

Applied For  
 Not Applicable

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

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

**HOLDT, BARBARA C  
 3551 CROWFUT COURT  
 BONITA SPRINGS, FL 34134**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

U00000506461  
 04/27/06-80043-025 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HOLDT, BARBARA C 3551 CROWFUT COURT BONITA SPRINGS, FL 34134
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 IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Barbara C. Holdt PA*

4/11/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Debiting Phone #