## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000060521

**Entity Name: HOLTROP INCORPORATED** 

FILED Aug 09, 2005 Secretary of State

PO BOX 440235 PO BOX 720

JACKSONVILLE, FL 32244 ORANGE PARK, FL 32067 US

Current Mailing Address: New Mailing Address:

PO BOX 440235 PO BOX 720

JACKSONVILLE, FL 32244 ORANGE PARK, FL 32067 US

FEI Number: 20-3081478 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CASTLEBERRY, MICHAEL

1218 THE GROVE RD

ORANGE PARK, FL 32073 US

HOLTROP, MARINUS

1248 THE GROVE ROAD

ORANGE PARK, FL 32073 US

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.

SIGNATURE: MARINUS HOLTROP 08/09/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: PRES (X) Change ( ) Addition
Name: HOLTROP, MARK Name: HOLTROP, HOLLY B
Address: 1218 THE GROVE RD Address: 1248 THE GROVE RD

City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: ORANGE PARK, FL 32073 US

Title: ( ) Delete Title: VP ( ) Change (X) Addition

 Name:
 Name:
 HOLTROP, MARINUS

 Address:
 Address:
 1248 THE GROVE ROAD

 City-St-Zip:
 City-St-Zip:
 ORANGE PARK, FL 32073 US

Title: ( ) Delete Title: OFF. ( ) Change (X) Addition

 Name:
 Name:
 KEFF, MICHAEL

 Address:
 Address:
 PO BOX 720

 City-St-Zip:
 City-St-Zip:
 ORANGE PARK, FL 32067

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Title: ( ) Delete Title: OFF. ( ) Change (X) Addition

Name:Name:HOLTROP, MARK JAddress:Address:1248 THE GROVE ROADCity-St-Zip:City-St-Zip:ORANGE PARK, FL 32073

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOLLY B. HOLTROP PRES 08/09/2005