

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000090774

1. Entity Name  
HOLSONBACK UTILITIES CONTRACTING INC.



Principal Place of Business  
4108 S WEBBER ROAD  
PLANT CITY, FL 33567

Mailing Address

4108 S WEBBER ROAD  
PLANT CITY, FL 33567

2. Principal Place of Business

3. Mailing Address

PO Box 970

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Durant, FL

City & State

City & State

Zip

Country

Zip

33530

Country

United States

6. Name and Address of Current Registered Agent

HOLSONBACK, JOHNNY T SR.  
4108 S WEBBER ROAD  
PLANT CITY, FL 33567

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME HOLSONBACK, JOHNNY T SR.  
STREET ADDRESS 4108 S WEBBER ROAD  
CITY-ST-ZIP PLANT CITY, FL 33567

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE ST  
NAME MAY, APRIL  
STREET ADDRESS 4108 S WEBBER ROAD  
CITY-ST-ZIP PLANT CITY, FL 33567

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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: *April May*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-05

813-967-5219

Date Daytime Phone #

**FILED  
Aug 15, 2005 8:00 am  
Secretary of State**

08-15-2005 90079 009 \*\*\*550.00

**50061542**



07202005 Chg-P CR2E034 (10/03)

|                                    |   |
|------------------------------------|---|
| 4. FEI Number<br><b>90-0196224</b> | Applied For<br><input type="checkbox"/> |
|                                    | Not Applicable                          |

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code