

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000120957		
1. Entity Name 1919 HOLDINGS, INC.		
Principal Place of Business 12421 TAVARES RIDGE CIRCLE TAVARES, FL 32778		Mailing Address 12421 TAVARES RIDGE CIRCLE TAVARES, FL 32778
DO NOT WRITE IN THIS SPACE		
		04212008 No Chg-P CR2E034 (11/05)
4. FEI Number 72-1585483		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BALDASSARE, FRANCIS J 12421 TAVARES RIDGE CIRCLE TAVARES, FL 32778		DO NOT WRITE IN THIS SPACE
5. 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)		
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
05/13/06-80118-007 150.00		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BALDASSARE, FRANCIS J 12421 TAVARES RIDGE CIRCLE TAVARES, FL 32778	
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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 if changed, or on an attachment with an address, with another like empowered.		
SIGNATURE: <u>Francis J. Baldassare</u> 4/28/06 (352) 227-2782 SIGNATURE AND PRINTED NAME OF REGISTERED AGENT OR DIRECTOR Date Daytime Phone #		