

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000021287

FILED
Jan 10, 2007
Secretary of State

Entity Name: HOLDER & STRITE CORPORATION

Current Principal Place of Business:

5757 PLYMOUTH SORRENTO ROAD
APOPKA, FL 327125119

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 682
PLYMOUTH, FL 32768

New Mailing Address:

FEI Number: 20-4308921 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOLDER, BRYAN C
5757 PLYMOUTH SORRENTO ROAD
APOPKA, FL 327125119 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOLDER, SR., THOMAS J .
Address: P.O. BOX 32
City-St-Zip: SORRENTO, FL 32776

Title: D () Delete
Name: HOLDER, SALLY R
Address: P.O. BOX 32
City-St-Zip: SORRENTO, FL 32776

Title: D () Delete
Name: HOLDER, JR., THOMAS J
Address: P.O. BOX 682
City-St-Zip: PLYMOUTH, FL 32768

Title: D () Delete
Name: HOLDER, BRYAN C
Address: P.O. BOX 682
City-St-Zip: SORRENTO, FL 32776

Title: D () Delete
Name: ARNOLD, BETH A
Address: P.O. BOX 1456
City-St-Zip: MOUNT DORA, FL 327561456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HOLDER, BRYAN C
Address: P.O. BOX 32
City-St-Zip: SORRENTO, FL 32776

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: BETH A. ARNOLD

D

01/10/2007

Electronic Signature of Signing Officer or Director

_____ Date