

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000021287

FILED  
Jan 23, 2009  
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 (X) 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 32  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

I hereby certify that the information supplied with this filing does not qualify 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 ARNOLD

MS.

01/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date