

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 APR 27 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P14565

1. Entity Name
PROVIDENT HOLDING CORPORATION



Principal Place of Business
1415 TIMBERLANE ROAD
#123
TALLAHASSEE, FL

Mailing Address
1415 TIMBERLANE ROAD
#123
TALLAHASSEE, FL



04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2771986	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICHTER, JILL D
C/O CONNIES HAMS & ROASTERS
1415 TIMBERLANE RD
TALLAHASSEE, FL 32312

**DO NOT WRITE
IN THIS SPACE**

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 \$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**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RICHTER, JILL D
STREET ADDRESS	1415 TIMBERLANE ROAD
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	VTS
NAME	RICHTER, LUTHER J
STREET ADDRESS	1415 TIMBERLANE ROAD
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100073983231
05/04/06--01015--014 **150.00

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/06 850
608-0700
4/27/06