

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P92000014750

1. Entity Name

HOLD ON AMERICA, INC.



**FILED**

**Apr 18, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business  
3905 BRAUN WAY  
VALRICO FL 33594-7007  
US

Mailing Address

3905 BRAUN WAY  
VALRICO FL 33594-7007  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3153113

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

WOOD, LYLE R  
3905 BRAUN WAY  
VALRICO FL 33594-7007

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's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  \$5.00 May Be Trust Fund Contribution.  Added to Fees

10.

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PTD  
NAME: WOOD, LYLE R  
STREET ADDRESS: 3905 BRAUN WAY  
CITY-ST-ZIP: VALRICO FL 33594-7007

Delete

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

Change  Addition

TITLE: VSD  
NAME: SANCHEZ, NANCY J  
STREET ADDRESS: 3905 BRAUN WAY  
CITY-ST-ZIP: VALRICO FL 33594-7007

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:

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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)(l), 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:

President

4-14-05 813-643-9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #