

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000097251

1. Entity Name  
HOLT'S MOBILE AUTO SERVICE, INC.



Principal Place of Business  
290 ALMYRA DR.  
LAKE MARY, FL 32746

Mailing Address  
290 ALMYRA DR.  
LAKE MARY, FL 32746

**FILED**  
**Aug 20, 2008 08:00 AM**  
**Secretary of State**



08182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3360981  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

HOLT, STEVEN A  
290 ALMYRA DR.  
LAKE MARY, FL 32746

**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 \$550.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

U000000958036  
08/20/08-80003-004 558.75

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HOLT, STEVEN A  
290 ALMYRA DR.  
LAKE MARY, FL 32746

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
HOLT, SUE A  
290 ALMYRA DR.  
LAKE MARY, FL 32746

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/08  
Date

407-678-3012  
Daytime Phone #