


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90103 005 \*\*\*150.00

**DOCUMENT # P96000009087**

1. Entity Name  
**HOLD INVESTMENTS, INC.**



Principal Place of Business  
**147 WEST LYMAN AVENUE  
 WINTER PARK, FL 32789**

Mailing Address  
**147 WEST LYMAN AVENUE  
 WINTER PARK, FL 32789**

2. Principal Place of Business  
**301 S. New York Ave  
 Suite, Apt. #, etc.  
 Ste 200**

3. Mailing Address  
**301 S. New York Ave  
 Suite, Apt. #, etc.  
 Ste 200**

City & State  
**Winter Park FL**

City & State  
**Winter Park FL**

Zip  
**32789**

Country  
**USA**



02282006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3358264**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent --

**HOLD, ROBERT P  
 147 WEST LYMAN AVENUE  
 WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name  
**Robert P. Hold**

Street Address (P.O. Box Number is Not Acceptable)  
**301 S. New York Ave Ste 200**

City  
**Winter Park**

State  
**FL**

Zip Code  
**32789**

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 \_\_\_\_\_ DATE **2-28-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD HOLD, ROBERT P 147 WEST LYMAN AVENUE WINTER PARK, FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Hold, Robert P 301 S. New York Ave Ste 200 Winter Park, FL 32789	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_ DATE **2-28-06** DAYTIME PHONE # **407 691-0505**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR