

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90036 036 ***150.00

DOCUMENT # P97000035606			
1. Entity Name D. R. HELD, INC.			
Principal Place of Business 3708 LAURETTE LN LAKE WORTH, FL 33461 US		Mailing Address 13687 DOUBLTREE TR W PALM BCH, FL 33414	
2. Principal Place of Business 48 BRIDGETTE BLVD Suite, Apt. #, etc.		3. Mailing Address 48 BRIDGETTE BLVD Suite, Apt. #, etc.	
City & State LAKE WORTH FLA		City & State LAKE WORTH FL	
Zip 33463	Country USA	Zip 33463	Country USA
4. FEI Number 65-0763678		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HELD, RICHARD 13687 DOUBLTREE TR W PALM BCH, FL 33414		7. Name and Address of New Registered Agent Name RICHARD HELD Street Address (P.O. Box Number is Not Acceptable) 48 BRIDGETTE BLVD City LAKE WORTH FL Zip Code 33463	
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: <u>Richard Held</u> DATE: <u>3-27-05</u> <small>(NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELD, RICHARD 13687 DOUBLTREE TR W PALM BCH, FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICHARD HELD 48 BRIDGETTE BLVD LAKE WORTH FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemption stated in Section 119.07(3)(i), 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: <u>Richard Held</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>3-27-05</u> Daytime Phone #: <u>561-841-8010</u>	