

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000031054

1. Entity Name  
HOLSTEIN & ASSOCIATES, INC.



Principal Place of Business  
156 OAK GROVE CIRCLE  
LAKE MARY, FL 32746

Mailing Address  
156 OAK GROVE CIRCLE  
LAKE MARY, FL 32746

**DO NOT WRITE IN THIS SPACE**

**FILED  
Jan 12, 2004 08:00 AM  
Secretary of State**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3500913	Applied For Not Applicable
5. Certificate of Status Desired	
<input type="checkbox"/> \$8.75 Additional Fee Required	

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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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP  
NAME HOLSTEIN, ANN  
STREET ADDRESS 156 OAK GROVE CIRCLE  
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE P  
NAME HOLSTEIN, THOMAS  
STREET ADDRESS 156 OAK GROVE CIRCLE  
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000026S4  
01/13/04-80022-021 150.00

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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:** *Ann M. Holstein* **Ann M. Holstein VP 1-8-03 407-805-8991**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #