

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90396 004 ***150.00

DOCUMENT # P99000040533	
1. Entity Name HOLTON AND OSBURN CONSTRUCTION, INC.	



Principal Place of Business 229 RIVER ROAD CARRABELLE, FL 32322	Mailing Address 229 RIVER ROAD CARRABELLE, FL 32322
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2. Principal Place of Business 171 Highland Park Rd. Suite, Apt. #, etc.	3. Mailing Address 171 Highland Park Rd. Suite, Apt. #, etc.
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City & State Apalachicola, FL	City & State Apalachicola, FL
Zip 32320	Country USA

6. Name and Address of Current Registered Agent HOLTON, ARCHIE 229 RIVER ROAD CARRABELLE, FL 32322	
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7. Name and Address of New Registered Agent Name Robert Osburn Street Address (P.O. Box Number is Not Acceptable) 171 Highland Park Rd. City Apalachicola FL Zip Code 32320	
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 <i>Robert R. Osburn</i> DATE 4-15-05 <small>Signature, typed or printed name of registered agent and title. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLTON, ARCHIE 229 RIVER ROAD CARRABELLE, FL 32322 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Robert Osburn 171 Highland Park Rd. Apalachicola, FL 32320 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OSBURN, GENE 1070 PINE WOOD DR APALACHICOLA, FL 32320 <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	V OSBURN, JACK 238 CARROLL ST EASTPOINT, FL 32328 <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: <i>Robert Osburn</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date Daytime Phone #