

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000070994

1. Entity Name
HOLTON ENTERPRISES, INC.



Principal Place of Business
5658 ST. LOUIS AVE
SARASOTA, FL 34233

Mailing Address
5658 ST. LOUIS AVE
SARASOTA, FL 34233



04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0940958
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLTON, GREGORY A
5658 ST. LOUIS AVE
SARASOTA, FL 34233

**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

[Handwritten Signature]
Signature of agent or printed name of registered agent, and fee if applicable (NOTE: Registered Agent, signature required when registering) DATE 4-15-06

**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	D
NAME	HOLTON, GREGORY A
STREET ADDRESS	5658 ST. LOUIS AVE
CITY - ST - ZIP	SARASOTA, FL 34233
TITLE	D
NAME	HOLTON, CATHY A
STREET ADDRESS	5658 ST. LOUIS AVE
CITY - ST - ZIP	SARASOTA, FL 34233
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000553088
05/15/06-80038-007 150.00

**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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06

Date

941-376-6273

Daytime Phone #