


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 17, 2005 08:00 AM  
Secretary of State

DOCUMENT # 256300 1. Entity Name JACQUELINE HOLMES & ASSOCIATES, INC.	
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Principal Place of Business 1560 SANDY SPRINGS DR ORANGE PARK, FL 32003	Mailing Address 1560 SANDY SPRINGS DR ORANGE PARK, FL 32003
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01212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1010706	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  HOLMES, JACQUELINE B 1560 SANDY SPRINGS DR ORANGE PARK, FL 32003
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLMES, JACQUELINE B 1560 SANDY SPRINGS DRIVE ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRAKE, ELIZABETH B. M. 821 OSGOOD HILL ROAD WESTFORD, VT 05494
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINCKNEY, HELEN C. 2100 RADCLIFF AVE CHARLOTTE, NC 28207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000233178  
02/17/05-80033-006 150.00

**DO NOT WRITE IN THIS SPACE**

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:  2/7/05 904.769.2014  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #