

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 256300

1. Entity Name
JACQUELINE HOLMES & ASSOCIATES, INC.



Principal Place of Business
**1560 SANDY SPRINGS DR
ORANGE PARK, FL 32003**

Mailing Address
**1560 SANDY SPRINGS DR
ORANGE PARK, FL 32003**



01302008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1010706

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HOLMES, JACQUELINE B
1560 SANDY SPRINGS DR
ORANGE PARK, FL 32003**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HOLMES, JACQUELINE B
STREET ADDRESS 1560 SANDY SPRINGS DRIVE
CITY-ST-ZIP ORANGE PARK, FL 32003

TITLE D
NAME DRAKE, ELIZABETH B. M.
STREET ADDRESS 821 OSGOOD HILL ROAD
CITY-ST-ZIP WESTFORD, VT 05494

TITLE D
NAME PINCKNEY, HELEN C.
STREET ADDRESS 2100 RADCLIFF AVE
CITY-ST-ZIP CHARLOTTE, NC 28207

TITLE
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U000000810964
02/11/08-20007-020 150.00

**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

Date

Daytime Phone #

1/30/08 904-267-2014