2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2011
Secretary of State

DOCUMENT# 329063

Entity Name: HOLMES STAMP COMPANY

Current Principal Place of Business:

2021 ST. AUGUSTINE ROAD EAST, SUITE 5
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5274
JACKSONVILLE, FL 322475274

New Mailing Address:

FEI Number: 59-1208640 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROFT, BRYAN
2021 ST. AUGUSTINE ROAD EAST, SUITE 5
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: CROFT, BRYAN
Address: 2021 ST. AUGUSTINE ROAD EAST, SUITE 5
City-St-Zip: JACKSONVILLE, FL 32207

Title: V
Name: FERNANDEZ, STEVEN
Address: 2021 ST. AUGUSTINE ROAD EAST, SUITE 5
City-St-Zip: JACKSONVILLE, FL 32207

Title: S
Name: WILLIAMS, MATTHEW
Address: 2021 ST. AUGUSTINE ROAD EAST, SUITE 5
City-St-Zip: JACKSONVILLE, FL 32207

Title: T
Name: CROFT, EILEEN P
Address: 2021 ST. AUGUSTINE ROAD EAST SUITE 5
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP
Name: CROFT, ROBERT W JR
Address: 2021 ST. AUGUSTINE ROAD EAST SUITE 5
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRYAN C. CROFT P 04/21/2011

Electronic Signature of Signing Officer or Director Date