


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90025 041 ***150.00

DOCUMENT # 447444 1. Entity Name THE HOLBORN GROUP, INC.					
Principal Place of Business 6353 GREENLAND ROAD POB 23008 JACKSONVILLE, FL 32241-3086			Mailing Address 6353 GREENLAND ROAD POB 23008 JACKSONVILLE, FL 32241-3086		
2. Principal Place of Business - No P.O. Box # 8182 COUNTRYSIDE RD Suite, Apt. #, etc.		3. Mailing Address 8182 COUNTRYSIDE RD Suite, Apt. #, etc.			
City & State JACKSONVILLE, FL Zip 32256 Country DUVAL		City & State JACKSONVILLE, FL Zip 32256 Country DUVAL		4. FEI Number 59-1510608	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HOLBORN (HUGH A.) 6353 GREENLAND RD JACKSONVILLE, FL 32241			7. Name and Address of New Registered Agent Name GWENDOLYN D. HOLBORN Street Address (P.O. Box Number is Not Acceptable) 8182 COUNTRYSIDE RD City JACKSONVILLE FL Zip Code 32256		
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 <u><i>GWENDOLYN D. HOLBORN</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLBORN, HUGH A 6353 GREENLAND RD JACKSONVILLE, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GWENDOLYN D. HOLBORN 8182 COUNTRYSIDE RD JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <u><i>GWENDOLYN D. HOLBORN</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-13-08 904-730-7709 <small>Date Daytime Phone #</small>		