

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002507

FILED  
Apr 03, 2007  
Secretary of State

**Entity Name:** HOLMES & NARVER TECHNICAL SERVICES, INC.

**Current Principal Place of Business:**

515 S. FLOWER STREET  
LOS ANGELES, CA 90071

**New Principal Place of Business:**

**Current Mailing Address:**

515 S. FLOWER STREET  
LOS ANGELES, CA 90071

**New Mailing Address:**

**FEI Number:** 95-3923476

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LANDY, RAYMOND  
Address: 515 S. FLOWER STREET  
City-St-Zip: LOS ANGELES, CA 90071

Title: D ( ) Delete  
Name: HOLDSWORTH, RAYMOND W  
Address: 555 S. FLOWER STREET  
City-St-Zip: LOS ANGELES, CA 90071

Title: SD ( ) Delete  
Name: MILLER, ROBYN  
Address: 515 S. FLOWER STREET  
City-St-Zip: LOS ANGELES, CA 90071

Title: V ( ) Delete  
Name: JENKINS, ALDON  
Address: 3101 WILSON BOULEVARD  
City-St-Zip: ARLINGTON, VA 22201

Title: TD ( ) Delete  
Name: DESLATTE, DENNIS  
Address: 999 TOWN & COUNTRY ROAD  
City-St-Zip: ORANGE, CA 92868

Title: EVP ( ) Delete  
Name: STEINKE, PAUL  
Address: 515 S. FLOWER STREET  
City-St-Zip: LOS ANGELES, CA 90071

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

**SIGNATURE:** ROBYN MILLER

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04/03/2007

Electronic Signature of Signing Officer or Director

Date