2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05852

Name:

Address:

City-St-Zip:

HOLMES, JOHN D

HARVEST, AL 35749

219 BOB G. HUGHES BLVD

FILED Apr 20, 2006 Secretary of State

Entity Nan	ne: HOLM	ES AND COMPANY OF ORLAN	00		
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
915 W. NE' DELAND, F		VE.			
Current Mailing Address:			New Mailing Add	New Mailing Address:	
P.O. BOX 2 DELAND, F		490			
FEI Number:	59-2041107	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
PRICE, KATHRYN H PO BOX 2417 DELAND, FL 32721 US			915 W NEW YORK	PRICE, KATHRYN H 915 W NEW YORK AVENUE DELAND, FL 32720 US	
The above in the State			ourpose of changing its regist	ered office or registered agent, or both,	
SIGNATURE: KATHRYN H PRICE				04/20/2006	
Electronic Signature of Registered Agent			ent	Date	
Election Carr	npaign Finan	cing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTD HOLMES, J 7689 CLEM ORLANDO,	IENTINE COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SVD PRICE, KA ^T 850 E NEW DELAND, F	HAMPSHIRE AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VD	() Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: KATHRYN H PRICE VSD 04/20/2006