

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G81103

Entity Name: HOLMES & COMPANY, P.A.

FILED
Feb 18, 2005
Secretary of State

Current Principal Place of Business:

99 SOUTH ALCANIZ ST
SUITE A
PENSACOLA, FL 32501 US

Current Mailing Address:

99 SOUTH ALCANIZ ST
SUITE A
PENSACOLA, FL 32501 US

FEI Number: 59-2360862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLMES, ROBERT G.
99 S ALCANIZ AT
SUITE A
PENSACOLA, FL 32501 US

New Principal Place of Business:

99 SOUTH ALCANIZ ST
SUITE A
PENSACOLA, FL 32502 US

New Mailing Address:

99 SOUTH ALCANIZ ST
SUITE A
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

HOLMES, ROBERT G.
99 S ALCANIZ ST
SUITE A
PENSACOLA, FL 32502 US

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:

02/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOLMES, ROBERT G.,
Address: 99 S ALCANIZ ST., SUITE A
City-St-Zip: PENSACOLA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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: ROBERT G HOLMES

PD

02/18/2005

Electronic Signature of Signing Officer or Director

Date