


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # G93395 1. Entity Name HOLMES BUILDERS, INC. |  |
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| Principal Place of Business 980 N.W. NORTH RIVER DRIVE NO. 139 MIAMI, FL 33136 | Mailing Address 980 N.W. NORTH RIVER DRIVE NO. 139 MIAMI, FL 33136 |
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DO NOT WRITE IN THIS SPACE

01072004 No Chg-P CR2E034 (10/03)

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|--|---------------------------------------|
| 4. FEI Number 59-2507160 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent KELLEY, CHRISTOPHER P 11098 BISCAYNE BLVD., #205 MIAMI, FL 33161 |
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when retaking)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP HOLMES, THOMAS 980 N.W. NORTH RIVER DR MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS KISIELEWSKI, JOHN P 980 NW NORTH RIVER DR. #132 MIAMI, FL 33136 |
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01/14/04-80014-005 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or without, with all other like empowered.

SIGNATURE: _____ **1-08-04 305-325 8734**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #