

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90058 030 ***150.00

DOCUMENT # J63210

1. Entity Name
J. K. 2 HOLMES CONSTRUCTORS, INC.



Principal Place of Business
550 HOLTS LAKE COURT
STE 101
APOPKA, FL 32703 US

Mailing Address
P OB OX 1270
ZELLWOOD, FL 32798 US

44004421



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-2785005

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLMES, PAUL R
5807 ROUND LAKE RD
APOPKA, FL 32712

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 P ☐ Delete
NAME HOLMES, PAUL R
STREET ADDRESS 5807 ROUND LAKE RD
CITY-ST-ZIP APOPKA, FL

TITLE VP ☐ Delete
NAME MUDSON, RICKY D
STREET ADDRESS 1742 MAPLE LEAF DR.
CITY-ST-ZIP WINDERMERE, FL 34786

TITLE S ☐ Delete
NAME HOLMES, MICHAEL G
STREET ADDRESS 468 LANARKSHIRE PL.
CITY-ST-ZIP APOPKA, FL 32712

TITLE T ☐ Delete
NAME ELLIS, RONALD J
STREET ADDRESS 519 OAKWOOD CT.
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Change ☐ Addition
NAME Amundson, Ricky D
STREET ADDRESS 1742 MAPLE LEAF DR.
CITY-ST-ZIP WINDERMERE, FL 34786

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/04

Date

407-380-8400

Daytime Phone #