

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L18463

FILED  
Apr 24, 2008  
Secretary of State

**Entity Name:** THE HOLMES ORGANISATION OF FLORIDA, INC.

**Current Principal Place of Business:**

THE OFFICES OF HAMPTON PARK  
11512 LAKE MEAD AVE. SUITE 802  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

THE OFFICES OF HAMPTON PARK  
11512 LAKE MEAD AVE. SUITE 802  
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number:** 59-2969190

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARROWSMITH, MARGARET  
11512 LAKE MEAD AVE.  
802  
JACKSONVILLE, FL 32256 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:** PD ( ) Delete  
**Name:** ARROWSMITH, MARGARET  
**Address:** 11512 LAKE MEAD AVE., SUITE 802  
**City-St-Zip:** JACKSONVILLE, FL 32256

**Title:** VP ( ) Delete  
**Name:** ARROWSMITH, JOHN B  
**Address:** 11512 LAKE MEAD AVE., SUITE 802  
**City-St-Zip:** JACKSONVILLE, FL 32256

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

**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 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:** MARGARET ARROWSMITH

PD

04/24/2008

Electronic Signature of Signing Officer or Director

Date