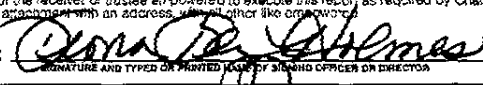


FILED
Mar 16, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L59907 1. Entity Name HOLMES COMMUNICATIONS, INC.		
Principal Place of Business 15 GARNETT AVENUE ST AUGUSTINE, FL 32084	Mailing Address 15 GARNETT AVENUE ST AUGUSTINE, FL 32084	
DO NOT WRITE IN THIS SPACE		
		03122504 No Chg-P CR2E034 (10/03)
4. FFI Number 65-0182133		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$5.75 Additional Fee Required
6. Name and Address of Current Registered Agent HOLMES, JACK 3524 KINGS ROAD S SAINT AUGUSTINE, FL 32086		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when withdrawing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
		U000000089874 03/16/04-80006-015 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP HOLMES, JACK 3524 KINGS RD SOUTH SAINT AUGUSTINE, FL 32086	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST HOLMES, DEONA 3524 KINGS RD SOUTH SAINT AUGUSTINE, FL 32086	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE 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 19.07(3)(b), 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, unless other like information.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3-12-04 904-819-0360 Date Daytime Phone #