



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

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			
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 _____ (NOTE: Registered Agent signatures required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees 000000507608 04/27/06-80070-013 150.00	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOLMES, JACK 3524 KINGS RD SOUTH SAINT AUGUSTINE, FL 32086		
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 exemptions contained 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 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:  DEONA BEGLEY HOLMES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4-12-06 Daytime Phone # 904-819-0360	