

2007 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

FILED
Feb 09, 2007 08:00 AM
Secretary of State



02072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0182133	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HOLMES, JACK
STREET ADDRESS	3524 KINGS RD SOUTH
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086

TITLE	ST
NAME	HOLMES, DEONA
STREET ADDRESS	3524 KINGS RD SOUTH
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEC/TREAS.

2-7-07

DEONABEGLEY HOLMES

904-819-0360

Date

Daytime Phone #