


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

03-04-2008 90015 034 ****61.25

NO7000010464
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 10 PM 2:26

DOCUMENT # N07000010464					
1. Entity Name HOLMES TAX WATCH ASSOCIATION, INCORPORATED					
Principal Place of Business C/O CHAIRMAN B LITTLE 2549 BREEZY LANE BONIFAY FL 32425			Mailing Address C/O CHAIRMAN B LITTLE 2549 BREEZY LANE BONIFAY FL 32425		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 33-1188659	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAKE ROY ESQUIRE 202 NORTH WAUKESHA STREET BONIFAY FL 32425			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Fees shown Agent signature required when registering)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LITTLE, BENNIE J		NAME		
STREET ADDRESS	2549 BREEZY LANE		STREET ADDRESS		
CITY-ST-ZIP	BONIFAY FL 32425		CITY-ST-ZIP		
TITLE	DVC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOSWELL, RAY		NAME		
STREET ADDRESS	512 N WAUKESHA ST		STREET ADDRESS		
CITY-ST-ZIP	BONIFAY FL 32425		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOSWELL, RALPH		NAME		
STREET ADDRESS	330 SON-IN-LAW RD		STREET ADDRESS		
CITY-ST-ZIP	BONIFAY FL 32425		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YANCEY, BETTY		NAME		
STREET ADDRESS	1079 YANCY RD		STREET ADDRESS		
CITY-ST-ZIP	WESTVILLE FL 32464		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LITTLE, JOHN MURRAY PARLIAM		NAME		
STREET ADDRESS	1825 HWY 1771		STREET ADDRESS		
CITY-ST-ZIP	BONIFAY FL 32425		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E037 (10/07)

SIGNATURE:

Bennie J. Little
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bennie J. Little (850) 547-9031

Date 4-7-08