## 2004 FOR PROFIT CORPORATION

## **DOCUMENT # P01000009269** 1. Entity Name 09-20-2004 90001 049 \*\*\*550.00 RYAN J. HOLMES, INC. Principal Place of Business Mailing Address 4945 PINTREE DRIVE 4945 PINTREE DRIVE JABLOTAN BOYNTON BEACH, FL 33436 BOYNTON BEACH, FL 33436 2. Principal Place of Business 3. Mailing Address 6722 Finamore Circle c/oCompuKeeper Suite, Apt. #. etc. Suite, Apt. #, etc. 02112004 CR2E034 (10/03) 1446 NW 2nd Ave. #105 City & State City & State 4. FEI Number Applied For Lake Worth , FL Bocá Raton, FL 65-1069760 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33432 33467 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOLMES, RYAN Street Address (P.O. Box Number is Not Acceptable) **4945 PINETREE DRIVE BOYNTON BEACH, FL 33436** 6722 Finamore Circle City Lake Worth Zin 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 farmiliar 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ШĘ TITLE X Change ☐ Delete ☐ Addition NAME HOLMES, RYAN NAME 4845 PINETREE DRIVE STREET ADDRESS STREET ADDRESS 6722 Finamore Circle CATY-ST-ZIP BOYNTON BEACH, FL 33436 CITY-ST-ZIP Lake Worth, FL 33467 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITE F ☐ Delete TITLE Change ■ Addition NAME NAME . STREET ADDRESS STREET ADDRESS CITY-ST-7IP CTY-ST-7P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X Holmes,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

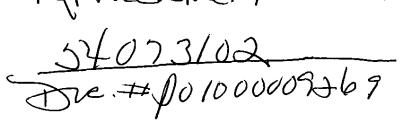
## FILED Sep 20, 2004 8:00 am Secretary of State

Daytime Phone #

To Whom It May Concern.

Due to the Hurricanes in Florida I have tried to access the web site numerous times with no success. Please find the enclosed check for \$550.00 and the completed report. Please acknowledge receipt of this check.

Thank You, Ryan Holmes



Thank you for visiting the Florida Department of State website.

Due to the impending storm, Department of State Internet services will be unavailable

Wednesday, September 15, 2004, through Thursday, September 16, 2004

barring any further interference resulting from Hurricane Ivan.

We apologize for any inconvenience and hope you will visit again soon.

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