

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000079382

1. Entity Name
HOLMES LANDSCAPE, INC.



Principal Place of Business
1737 SENECA BLVD.
WINTER SPRINGS, FL 32708-5611

Mailing Address
1737 SENECA BLVD.
WINTER SPRINGS, FL 32708-5611

DO NOT WRITE IN THIS SPACE

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01082007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3737741

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLMES, JOHN W
1737 SENECA BLVD.
WINTER SPRINGS, FL 32708-5611

**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

U00000587223
-01/17/07-80024-025 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PV
HOLMES, JOHN W
1737 SENECA BLVD.
WINTER SPRINGS, FL 327085611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
HOLMES, KAREN
1737 SENECA BLVD
WINTER SPRINGS, FL 327085611

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

**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: Karen Holmes KAREN HOLMES 1/11/07 407-977-9195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #