

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000070847

Entity Name: RICHARD D HOLCOMB, INC.

FILED
Jul 21, 2005
Secretary of State

Current Principal Place of Business:

3880 BRIDGES RD
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 470631
LAKE MONROE, FL 32747

New Mailing Address:

FEI Number: 03-0463643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOLCOMB, RICHARD D
3880 BRIDGES RD
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOLCOMB, RICHARD D
Address: P.O. BOX 470631
City-St-Zip: LAKE MONROE, FL 32747

Title: V. P () Delete
Name: WIGGINS, WILLIAM R
Address: 1001 WEST 20TH. STREET
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V. P (X) Change () Addition
Name: WIGGINS, WILLIAM R
Address: 2409 HOLLY AVE
City-St-Zip: SANFORD, FL 32773

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICK HOLCOMB

P

07/21/2005

Electronic Signature of Signing Officer or Director

Date