## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000022188

FILED Apr 10, 2008 Secretary of State

Entity Name: RJR HOLMES, INC.						
Current Principal Place of Business:				New Principal Place	e of Business:	
1700 SAFETY STREET SUITE 207 FORT MYERS, FL 33908						
Current Mailing Address:				New Mailing Address:		
SUITE 207	TY STREET RS, FL 33908	)				
FEI Number:	56-2323257	FEI Number Applied For ( )	FEI Nun	nber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
SMITH, WILLIAM R 8191 COLLEGE PARKWAY SUITE 204 FORT MYERS, FL 33919 US				NICHOLS, JAMES L 8191 COLLEGE PARKWAY SUITE 204 FORT MYERS, FL 33919 US		
The above in the State		ubmits this statement for the pu	urpose o	f changing its registere	ed office or registered agent, or both,	
SIGNATURE: JAMES L. NICHOLS				04/10/2008		
Electronic Signature of Registered Agent					Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () HOLMES, RONA 8879 PASEO DE FORT MYERS, I	E VALENCIA ST.		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () HOLMES, RAMO 8879 PASEO DE FORT MYERS, I	E VALENCIA ST.		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RAMONA HOLMES 04/10/2008 D