

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000034815

**FILED**  
**Feb 07, 2011**  
**Secretary of State**

**Entity Name:** ROBERT B. HOLMES ENTERPRISES, INC.

**Current Principal Place of Business:**

425 COVE TOWER DRIVE  
1702  
NAPLES, FL 34110 US

**New Principal Place of Business:**

**Current Mailing Address:**

425 COVE TOWER DRIVE  
NAPLES, FL 34110 US

**New Mailing Address:**

425 COVE TOWER DRIVE  
1702  
NAPLES, FL 34110 US

**FEI Number:** 47-0914305

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NICI, JAMES R ESQ.  
C/O COX & NICI  
1185 IMMOKALEE ROAD, SUITE 110  
NAPLES, FL 34110 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HOLMES, ROBERT B  
Address: 425 COVE TOWER DRIVE  
City-St-Zip: NAPLES,, FL 34110 US

Title: PVST  
Name: HOLMES, ROBERT B  
Address: 425 COVE TOWER DRIVE  
City-St-Zip: NAPLES, FL 34110 US

I hereby 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 all other like empowered.

SIGNATURE: ROBERT B. HOLMES

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02/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date