

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90035 016 ***150.00

DOCUMENT # P03000127229

1. Entity Name
HOLMES INSPECTION SERVICES, INC.



Principal Place of Business
**2215 HOWARD LANE
TAMPA, FL 33612 US**

Mailing Address
**2215 HOWARD LANE
TAMPA, FL 33612 US**

64003544



01192004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-2118152

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

-Fee Required-

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLMES, JACK S JR.
2215 HOWARD LANE
TAMPA, FL 33612**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip 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 familiar with, and accept the obligations of registered agent.

SIGNATURE

Melissa Holmes **Melissa Holmes Vice President 2/4/04**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P & Secretary
HOLMES, JACK S JR.
2215 HOWARD LANE
TAMPA, FL 33612**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP & Treasurer
Melissa Holmes
2215 Howard Lane
Tampa, FL 33612**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change

☐ Addition

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:

Melissa Holmes **Melissa Holmes**

2/4/04

813-933-6349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #