


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> 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
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**DO NOT WRITE IN THIS SPACE**



05042005 No Chg-P CR2E034 (10/03)

4. FEI Number 41-2118152	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  HOLMES, JACK S JR. 2215 HOWARD LANE TAMPA, FL 33612	
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000376864 08/22/05-80005-021 550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HOLMES, JACK S JR. 2215 HOWARD LANE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HOLMES, MELISSA 2215 HOWARD LANE TAMPA, FL 33612
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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.

<b>SIGNATURE</b> <i>Melissa Holmes</i>	<i>Melissa Holmes VPT</i>	<i>8/12/05</i>	<i>813-933-6349</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #