

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000093448

FILED
Apr 28, 2005
Secretary of State

Entity Name: STEPHEN HOLCOMB SERVICES, INC.

Current Principal Place of Business:

1917 WEEKEND LANE
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

1917 WEEKEND LANE
ODESSA, FL 33556

New Mailing Address:

FEI Number: 20-1243360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLCOMB, STEPHEN
1917 WEEKEND LANE
ODESSA, FL 33556 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: D () Delete
Name: HOLCOMB, STEPHEN
Address: 1917 WEEKEND LANE
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: HOLCOMB, LAURA
Address: 1917 WEEKEND LANE
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOLCOMB, STEPHEN
Address: 1917 WEEKEND LANE
City-St-Zip: ODESSA, FL 33556

Title: VP (X) Change () Addition
Name: HOLCOMB, LAURA
Address: 1917 WEEKEND LANE
City-St-Zip: ODESSA, FL 33556

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: LAURA HOLCOMB

VP

04/28/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date