

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000008984

Entity Name: A.W. HOLMES, INC.

FILED
Oct 11, 2007
Secretary of State

Current Principal Place of Business:

16548 MAGNOLIA TERRACE BLVD
MONTVERDE, FL 34756 US

New Principal Place of Business:

Current Mailing Address:

16548 MAGNOLIA TERRACE BLVD
MONTVERDE, FL 34756 US

New Mailing Address:

FEI Number: 47-0949948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLMES, ASHLEY W MR.
16548 MAGNOLIA TERRACE BLVD
MONTVERDE, FL 34756 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: ASHLEY W HOLMES

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOLMES, ASHLEY W MR.
Address: 16548 MAGNOLIA TERRACE BLVD
City-St-Zip: MONTVERDE, FL 34756 US

Title: VP () Delete
Name: HOLMES, JANINE C
Address: 16548 MAGNOLIA TERRACE BLVD
City-St-Zip: MONTVERDE, FL 34756 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: FRISH, CAROLYN J MRS.
Address: 1232 WOODSTOCK DR
City-St-Zip: APOPKA, FL 32703 US

Title: VP () Change (X) Addition
Name: HOLMES, JANINE C MRS.
Address: 16548 MAGNOLIA TERRACE BLVD
City-St-Zip: MONTVERDE, FL 34756 US

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: CAROLYN J FRISH

VP

10/11/2007

Electronic Signature of Signing Officer or Director

Date