

# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000063689

Entity Name: THE HOLMES GROUP, INC.

FILED  
Oct 05, 2009  
Secretary of State

## Current Principal Place of Business:

5225A WEST BROWARD BLVD.  
PLANTATION, FL 33317 US

## New Principal Place of Business:

## Current Mailing Address:

229 NW 15TH STREET  
POMPANO BEACH, FL 33060 US

## New Mailing Address:

5225A WEST BROWARD BLVD.  
PLANTATION, FL 33317 US

FEI Number: 26-0254565

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOLMES, T D  
229 NW 15TH STREET  
POMPANO BEACH, FL 33060 US

## Name and Address of New Registered Agent:

SOUTH FLORIDA ASSET MANAGERS  
5225A WEST BROWARD BLVD  
PLANTATION, FL 33317 US

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: TD HOLMES

10/05/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: HOLMES, TIWANA D  
Address: 229 NW 15TH STREET  
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: D (X) Delete  
Name: BURLEY, ALAN J  
Address: 229 NW 15TH STREET  
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: D (X) Delete  
Name: NEAL, COURTNEY Q  
Address: 229 NW 15TH STREET  
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: D (X) Delete  
Name: BURLEY, ALAYSIA J  
Address: 229 NW 15TH STREET  
City-St-Zip: POMPANO BEACH, FL 33060 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SOUTH FLORIDA ASSET MANAGERS  
Address: 5225A WEST BROWARD BLVD  
City-St-Zip: PLANTATION, FL 33317 US

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

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

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

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: TD HOLMES

D

10/05/2009

Electronic Signature of Signing Officer or Director

Date