2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Feb 03, 2005 08:00 AM DOCUMENT # P94000074080 1. Entity Name **Secretary of State** HOLMES MARINE CONSULTING, INC. Mailing Address Principal Place of Business 10390 SANDY RUN RD. 10390 SANDY RUN RD. JUPITER FL 33478 JUPITER FL 33478 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0530918 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AUSTIN, KEITH C JR. 501 S. FLAGLER DR. SUITE 306 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33401 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 Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change Addition ☐ Delete HOLMES, STEVEN C NAME NAME STREET ADDRESS 10390 SANDY RUN RD. STREET ADDRESS CITY ST-ZIP JUPITER FL 33478 CITY-ST ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME U00000212282 02/03/05-80024-001 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS City-St-7ip CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY-ST-7P 12. Thereby 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: Steven Holmes 1/31/05 561 7230128

SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN HOLMES 1/31/05 561 7230128