

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000011840

1. Entity Name
HOLMES AUTO TRANSPORT INC.



FILED
Apr 19, 2004 08:00 AM
Secretary of State

Principal Place of Business

**3451 OSAGE TERRACE
SARASOTA, FL 34231 US**

Mailing Address

**3451 OSAGE TERRACE
SARASOTA, FL 34231 US**



04162004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0560327

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOLMES, ROBERT
3451 OSAGE TERRACE
SARASOTA, FL 34231**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HOLMES, ROBERT
3451 OSAGE TERRACE
SARASOTA, FL 34231**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HOLMES, CRAIG
3451 OSAGE TERRACE
SARASOTA, FL 34231**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000120455
04/19/04-80132-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:

Robert D. Holmes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04 941 921 4780
Daytime Phone #