2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000006093

JOINER, JERRY

5919 UNTERMEYER COURT

NORTH FORT MYERS, FL 33903 US

Name:

Address:

City-St-Zip:

Entity Name: HOLMES MAINTENANCE SERVICES INC.

FILED May 31, 2009 Secretary of State

| Current Principal Place of Business: | | | | New Principal Place of Business: | | | |
|---|--|-------------------|-------------------------|---|---|--|--|
| | ERMEYER CO ORT MYERS, | | US | | | | |
| Current N | lailing Addre | ss: | | New Maili | ng Address | : | |
| | ERMEYER CO ORT MYERS, | | US | | | | |
| FEI Number | : 65-0890320 | FEI Numbe | er Applied For() | FEI Number Not Appl | icable () | Certificate of Status Desired () | |
| Name and | Address of | Current Reg | jistered Agent: | Name and | Address of | New Registered Agent: | |
| 5919 UNT NORTH F | CHRISTINE L ERMEYER CO T. MYERS, FL a named entity e of Florida. | DURT . 33903 l | JS statement for the | purpose of changing i | ts registered | office or registered agent, or both, | |
| SIGNATUI | | | | | | | |
| | | nic Signature | e of Registered Ag | ent | Date | | |
| | | | the corporation did n | ot receive the prior notic | e. | | |
| OFFICERS AND DIRECTORS: | | | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | | |
| Title: Name: Address: City-St-Zip: | P (HOLMES, JOH 5919 UNTERM NORTH FORT | IEYER COURT | | Title: Name: Address: City-St-Zip: | (| () Change() Addition | |
| Title: Name: Address: City-St-Zip: | VP (HOLMES, CHF 5919 UNTERM NORTH FORT | IEYER COURT | | Title: Name: Address: City-St-Zip: | (| () Change() Addition | |
| Title: Name: Address: City-St-Zip: | T (WERFIELD, M 5919 UNTERM NORTH FORT | IEYER COURT | | Title: Name: Address: City-St-Zip: | JOINER, JER 5919 UNTERI | X) Change ()Addition RY MEYER COURT FMYERS, FL 33903 US | |
| Title: | S () | () Delete | | Title: | (|) Change () Addition | |

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CHRISTINE L HOLMES VP 05/31/2009