


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P99000091143	
1. Entity Name <b>GARY HOLMES GOLF COMPANY, INC.</b>	

Principal Place of Business <b>1900 COUNTRY CLUB BLVD. MOUNT DORA, FL 32757</b>	Mailing Address <b>1900 COUNTRY CLUB BLVD. MOUNT DORA, FL 32757</b>
--	--

**DO NOT WRITE IN THIS SPACE**



07102006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3602234</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>HOLMES, GARY 475 OSPREY PONTE VEDRA BEACH, FL 32082</b>	<b>DO NOT WRITE IN THIS SPACE</b>
---	-----------------------------------

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HOLMES, GARY 1900 COUNTRY CLUB BLVD. MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DELLO RUSSO, ROBERT G 109 COMMERCE STREET, SUITE 1101 LAKE MARY, FL 32746
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	

U00000570631  
07/18/06-80003-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 of the corporation; and that my name appears in Block 10 or Block 11 of this report or on an attachment with an address, with all other like empowered.

SIGNATURE _____	7-10-06 President	SIGNATURE _____
-----------------	-------------------	-----------------