

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90645 004 \*\*\*150.00

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<b>DOCUMENT # P99000100427</b> 1. Entity Name <b>WILLIAM A. HOLMES, INC.</b>					
Principal Place of Business <del>2002 THISBE AVE. SE</del> <del>PALM BAY, FL 32909</del>			Mailing Address <del>2002 THISBE AVE. SE</del> <del>PALM BAY, FL 32909</del>		
2. Principal Place of Business <b>821 US 1</b> Suite, Apt. #, etc.		3. Mailing Address <b>821 US 1</b> Suite, Apt. #, etc.		01142004    Chg-P    CR2E034 (10/03)	
City & State <b>Sebastian FL</b> Zip    Country <b>32958</b>		City & State <b>Sebastian FL</b> Zip    Country <b>32958</b>			
4. FEI Number <b>59-3608618</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				6. Name and Address of Current Registered Agent  <b>HOLMES, WILLIAM A</b> <b>2002 THISBE AVE. SE</b> <b>PALM BAY, FL 32909</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <input checked="" type="checkbox"/> <i>William A. Holmes</i> <b>William A. Holmes President 4/8/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMES, WILLIAM A 2002 THISBE AVE. SE PALM BAY, FL 32909	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S.T Holmes, William A 821 US 1 Sebastian FL 32958	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, GEORGE R 652 AMERICANA BLVD. NW PALM BAY, FL 32907	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P Holmes, Denise M. 821 US 1 Sebastian FL 32958	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARSENEAU, CAMILLE 2019 THISBE AVE. SE PALM BAY, FL 32909	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMSON, EDWARD W 2183 HIGHLAND AVE. APT.-A MELBOURNE, FL 32950	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby 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.					
<b>SIGNATURE:</b> <i>William A. Holmes</i> <b>William A. Holmes</b> <b>4/8/04</b> <b>321-302-9477</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					