

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S22702

FILED  
Jan 11, 2008  
Secretary of State

**Entity Name:** HOLDER MANAGEMENT SERVICES (HMS), INC.

**Current Principal Place of Business:**

1 JOHN ANDERSON DRIVE  
APT #604  
ORMOND BEACH, FL 32176 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2595  
ORMOND BEACH, FL 32175 US

**New Mailing Address:**

P O BOX 96  
ORMOND BEACH, FL 32175 US

**FEI Number:** 65-0235500

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MURPHY, EUGENE W JR  
340 ROYAL PALM WAY  
PALM BEACH, FL 33480 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: HOLDER, PAULINE F,  
Address: 1 JOHN ANDERSON DRIVE, APT.604  
City-St-Zip: ORMOND BEACH, FL

Title: VSD ( ) Delete  
Name: HOLDER, JOHN E K,  
Address: 1 JOHN ANDERSON DRIVE, APT.604  
City-St-Zip: ORMOND BEACH, FL

Title: VD ( ) Delete  
Name: VOSS, THEODORE R,  
Address: 217 WILTON RD  
City-St-Zip: WESTPORT, CT

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

**SIGNATURE:** JOHN E K HOLDER

VSD

01/11/2008

Electronic Signature of Signing Officer or Director

Date