


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # 819326 1. Entity Name E.G. HOLMES & ASSOCIATES, INC.	
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Principal Place of Business 512 E. WILLIAMS ST. APEX, NC 27502 US	Mailing Address 512 E. WILLIAMS ST. APEX, NC 27502 US
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01112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 58-0910067	Applied For 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

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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	PD HARRIS, J. MICHAEL 3300 PLEASANT PLAINS RD. APEX, NC.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DUKE, ROBERT L. 6208 N. THATCHER AVE. TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARRIS, MARYLOU 3300 PLEASANT PLAINS RD. APEX, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/26/07-80003-017 150.00

**DO NOT WRITE IN THIS SPACE**

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 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: Marylou Harris MARYLOU HARRIS, Treasurer 3-11-07 919-387-1092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #