


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # 151328

1. Entity Name
HOLMAN AUTOMOTIVE, INC.



Principal Place of Business
**12 E. SUNRISE BLVD.
 FT LAUDERDALE, FL 33304**

Mailing Address
**12 E. SUNRISE BLVD.
 FT LAUDERDALE, FL 33304**

DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0573006

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GARDNER, GLENN
 911 N.E. SECOND AVE.
 FT. LAUDERDALE, FL 33304**

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, 2008 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 GARDNER, G. A 911 NE 2ND AVENUE FT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MAGGIO, JOHN G 2316 N.W. 67 STREET BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RANKIN, GAYE B 1100 PONCE DE LEON DRIVE FT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MULLIN, K A 7411 MAPLE AVENUE PENNSAUKEN, NJ 08109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARISS, W J 7411 MAPLE AVENUE PENNSAUKEN, NJ 08109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/08/08-80004-011-150:00

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 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:  **1/2/07** **954-335-2040**

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