

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M86617

FILED
Jan 16, 2009
Secretary of State

Entity Name: HOLMAN SUBZ II, INC.

Current Principal Place of Business:

950 CATTLEMEN RD
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

950 CATTLEMEN ROAD
SARASOTA, FL 34232 US

New Mailing Address:

FEI Number: 65-0059795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLMAN, D S
950 CATTLEMEN RD
SARASOTA, FL 34232 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: D () Delete
Name: HOLMAN, DENNIS E.,
Address: 7520 S LEEWYNN DRIVE
City-St-Zip: SARASOTA, FL

Title: D () Delete
Name: HOLMAN, D S
Address: 4878 HUNTLEIGH DRIVE
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: HOLMAN, JEFFREY A
Address: 2100 KINGSDOWN DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: HOLMAN, NORMA J.
Address: 346 N SHORE DR
City-St-Zip: SARASOTA, FL

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: D () Change (X) Addition
Name: OGILBEE, DENISE S
Address: 950 CATTLEMEN ROAD
City-St-Zip: SARASOTA, FL 34232 US

Title: D () Change (X) Addition
Name: MARTIN, CORINNE E
Address: 950 CATTLEMEN ROAD
City-St-Zip: SARASOTA, FL 34232 US

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: D. SCOTT HOLMAN

VP

01/16/2009

Electronic Signature of Signing Officer or Director

Date