

Sent By: kwai + Oliva, CPAs;

305 372 2380;

Me

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90042 037 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000008781					
1. Entity Name ROBERT HOLEMAN CONSTRUCTION, INC					
Principal Place of Business 330 3RD ROAD KEY LARGO, FL 33037			Mailing Address 330 3RD ROAD KEY LARGO, FL 33037		
2. Principal Place of Business - No P.O. Box			3. Mailing Address		
State, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0326228	
				Applied for Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLEMAN, ROBERT 330 3RD RD KEY LARGO, FL 33037				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Applicable)	
				City	
				FL 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature is required when releasing.) DATE					
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$450.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '07		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERT, HOLEMAN 330 3RD RD KEY LARGO, FL 33037	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 907, 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: <u>Robert Holman</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					