


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90066 005 ***158.75

DOCUMENT # P07000042491	
1. Entity Name HOLMAN LAW GROUP, P.A.	

Principal Place of Business 1142 COPPER CREEK DR. TALLAHASSEE, FL 32311	Mailing Address P.O. BOX 15279 TALLAHASSEE, FL 32317-5279
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40001822



2. Principal Place of Business - No P.O. Box # 2653 NORTH POINT CT	3. Mailing Address
Suite, Apt. #, etc. B	Suite, Apt. #, etc.

01082008 Chg-P CR2E034 (12/06)

City & State TALLAHASSEE	City & State
Zip 32308	Country USA

4. FEI Number 56-2656415	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOLMAN, MAJA 1142 COPPER CREEK DR. TALLAHASSEE, FL 32311	7. Name and Address of New Registered Agent Name MAJA HOLMAN Street Address (P.O. Box Number is Not Acceptable) 2653 NORTH POINT COURT Apt. B City TALLAHASSEE FL Zip Code 32308
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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 <u>Maja S. Holman</u> MAJA S. HOLMAN	DATE 1/8/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HOLMAN, MAJA P.O. BOX 15279 TALLAHASSEE, FL 323175279 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.	
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SIGNATURE: <u>Maja S. Holman</u> MAJA S. HOLMAN	Date 1/8/07	Daytime Phone # 850-345-8581
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