


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P08360
 1. Entity Name
 HOLMAN ENTERPRISES, INC.



Principal Place of Business
 7411 MAPLE AVE.
 PENNSAUKEN, NJ 08109

Mailing Address
 7411 MAPLE AVE.
 PENNSAUKEN, NJ 08109

DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number
 21-0610247

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GARNDER, GLENN A
 911 N.E. SECOND AVE.
 FT. LAUDERDALE, FL 33304

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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 _____ DATE 02/16/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

02/16/04-80025-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HOLMAN, J. S. 7411 MAPLE AVENUE PENNSAUKEN, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARDNER, G.A. 741 MAPLE AVE. MERCHANTVILLE, NJ 08109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCPD HOLMAN, MK 7411 MAPLE AVENUE PENNSAUKEN, NJ 08109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERRINGTON, H. H. 7411 MAPLE AVENUE PENNSAUKEN, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MULLIN, K A 7411 MAPLE AVENUE PENNSAUKEN, NJ 08109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDREOLA, A. V. 7411 MAPLE AVENUE PENNSAUKEN, NJ

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: K.A. Mullin **K.A. MULLIN ASST. SECRETARY (856) 663-5200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #