


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 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



01062005 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

**GARDNER, 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 _____
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, 2005 Fee will be \$550.00

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

UD0000195327
 01/26/05-80024-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	HOLMAN, J. S.
STREET ADDRESS	7411 MAPLE AVENUE
CITY-ST-ZIP	PENNSAUKEN, NJ
TITLE	V
NAME	GARDNER, G.A.
STREET ADDRESS	741 MAPLE AVE.
CITY-ST-ZIP	MERCHANTVILLE, NJ 08109
TITLE	VCPD
NAME	HOLMAN, MK
STREET ADDRESS	7411 MAPLE AVENUE
CITY-ST-ZIP	PENNSAUKEN, NJ 08109
TITLE	V
NAME	HERRINGTON, H. H.
STREET ADDRESS	7411 MAPLE AVENUE
CITY-ST-ZIP	PENNSAUKEN, NJ
TITLE	AS
NAME	MULLIN, K A
STREET ADDRESS	7411 MAPLE AVENUE
CITY-ST-ZIP	PENNSAUKEN, NJ 08109
TITLE	S
NAME	ANDREOLA, A. V.
STREET ADDRESS	7411 MAPLE AVENUE
CITY-ST-ZIP	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. SECY.** 1/18/05 (856)663-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #