


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P08360</b> 1. Entity Name HOLMAN ENTERPRISES, INC.	
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Principal Place of Business 7411 MAPLE AVE. PENNSAUKEN, NJ 08109	Mailing Address 7411 MAPLE AVE. PENNSAUKEN, NJ 08109
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 21-0610247	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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

U00000598900  
01/25/07-80005-012 150.00

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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.

SIGNATURE: K.A. Mullin K.A. MULLIN - Assc. Secretary 1/14/07 (856)663-5702  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #