



**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

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

	
01092008	No Chg-P CR2E034 (11/05)
4. FEI Number <b>21-0610247</b>	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**

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

**DO NOT WRITE  
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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

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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IN THIS SPACE**

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02/01/08-80042-014 150.00

**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 - ASST. SECRETARY** 1/9/08 663-5200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #