

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90006 027 ***150.00

DOCUMENT # P03000109381

1. Entity Name
NEWMAN DRYWALL, INC



Principal Place of Business

110 N. DELAWARE BLVD.
#9B
JUPITER, FL 33458 US

Mailing Address

110 N. DELAWARE BLVD.
#9B
JUPITER, FL 33458 US

54066024

2. Principal Place of Business

547 SW Sundance Trail

Suite, Apt. #, etc.

3. Mailing Address

547 SW Sundance Trail

Suite, Apt. #, etc.

07222004

Chg-P

CR2E034 (10/03)

City & State

PT ST Lucie, FL

City & State

PT ST Lucie, FL

4. FEI Number

432031003

Applied For

Not Applicable

Zip

34953

Country

USA

Zip

34953

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, LAUREN

110 N. DELAWARE BLVD.

#9B

JUPITER, FL 33458

7. Name and Address of New Registered Agent

Name

DOUG A. NEWMAN

Street Address (P.O. Box Number is Not Acceptable)

547 SW SUNDANCE TRAIL

City

PT ST Lucie

FL

Zip Code

34953

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/28/04

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

NEWMAN, DOUG A
110 N. DELAWARE BLVD., #9B
JUPITER, FL 33458

TITLE NAME ☐ Delete

TREA
NEWMAN, LAUREN
110 N. DELAWARE BLVD., #9B
JUPITER, FL 33458

TITLE NAME ☐ Delete

NEWMAN, RYAN
110 N. DELAWARE BLVD., #9B
JUPITER, FL 33458

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUG A. NEWMAN

Date

772-408-3219

Daytime Phone #