


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # V60760 1. Entity Name 10 SOUTH NEWMAN, INC.	
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Principal Place of Business 136 EAST BAY ST. JACKSONVILLE, FL 32202	Mailing Address 136 EAST BAY ST. JACKSONVILLE, FL 32202
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03092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3145686	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COKER, HOWARD C. 136 EAST BAY STREET JACKSONVILLE, FL 32202
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	DP SCHICKEL, JOHN J 136 EAST BAY STREET JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MYERS, M. W 136 EAST BAY STREET JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP COKER, HOWARD C 136 EAST BAY STREET JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SORENSEN, CHARLES A 136 EAST BAY STREET JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000509726
04/28/06-80055-017 150.00

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IN THIS SPACE**

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: *Howard C. Coker* 4-10-06 904-356-6071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #