

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90217 010 ***150.00

DOCUMENT # 408155

1. Entity Name

W.J. NEWMAN JR. CONTRACTING, INC.



Principal Place of Business

2475 OLD HICKORY TREE RD
SAINT CLOUD FL 34772

Mailing Address

P.O. BOX 700685
ST. CLOUD FL 34770-0625

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-1425204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWMAN, THRECA
2475 HICKORY TREE RD
ST. CLOUD FL 32770

24770

Name

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

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME NEWMAN, W.J., JR
STREET ADDRESS HICKORY TREE RD
CITY-ST-ZIP ST. CLOUD FL

TITLE ST ☐ Delete
NAME NEWMAN, THRECA LOUISE
STREET ADDRESS HICKORY TREE RD
CITY-ST-ZIP ST. CLOUD FL

TITLE D ☐ Delete
NAME NEWMAN, WILLIAM III
STREET ADDRESS HICKORY TREE RD.
CITY-ST-ZIP ST. CLOUD FL

TITLE D ☐ Delete
NAME ABSHIRE, SUSAN
STREET ADDRESS 1401 CINDER LANE
CITY-ST-ZIP KISSIMMEE FL

TITLE D ☐ Delete
NAME NEWMAN, NANCY
STREET ADDRESS P.O. BOX 702328
CITY-ST-ZIP SAINT CLOUD FL 34770

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #