2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# 443052

Entity Name: SAM E. NEWEY REAL ESTATE, INC.

Current Principal Place of Business:

720 OAKS FIELD ROAD
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 551260
JACKSONVILLE, FL 32255

New Mailing Address:

FEI Number: 59-1453686 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWEY, SAM E.
720 OAKS FIELD RD
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NEWEY, SAM E.,
Address: 720 OAKS FIELD ROAD
City-St-Zip: JACKSONVILLE, FL

Title: ASD ( ) Delete
Name: SASSARD, CHERYL E,
Address: 5150 BELFORT ROAD BUILDING 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: VSD ( ) Delete
Name: NEWEY, JULIENNE,
Address: 720 OAKS FIELD RD
City-St-Zip: JACKSONVILLE, FL

Title: TD ( ) Delete
Name: NEWEY, PAMELA JO,
Address: 720 OAKFIELD RD
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAM E NEWEY PD 04/18/2005

Electronic Signature of Signing Officer or Director Date