

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 587569

1. Entity Name
NEWMAN'S 76, INC.



Principal Place of Business
2802 CAPITAL CIR NE
TALLAHASSEE, FL 32308

Mailing Address
2802 CAPITAL CIR NE
TALLAHASSEE, FL 32308



04172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1847510	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NEWMAN, CHRISTEL M.
710 WESTWAY ROAD
TALLAHASSEE, FL
TALLAHASSEE, FL 32310

**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 _____

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, 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	VD
NAME	NEWMAN, EUGENE G
STREET ADDRESS	710 WESTWAY ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32305
TITLE	PD
NAME	NEWMAN, RODNEY G.
STREET ADDRESS	5727 SIOUX DR
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	SD
NAME	NEWMAN, CHRISTEL M.
STREET ADDRESS	710 WESTWAY RD.
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	T
NAME	NEWMAN, STACIE D
STREET ADDRESS	185 ANN CIR.
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/08 850-508-7965