

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90098 016 ***150.00

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01142006 Chg-P CR2E034 (11/05)

DOCUMENT # 603289 1. Entity Name THOMAS L. NEWMAN, CHARTERED			
Principal Place of Business 201 S.E. 24TH AVENUE POMPANO BEACH, FL 33062		Mailing Address 201 S.E. 24TH AVENUE POMPANO BEACH, FL 33062	
2. Principal Place of Business 1877 SOUTH FEDERAL Suite, Apt. #, etc. SUITE 304		3. Mailing Address 1877 SOUTH FEDERAL Suite, Apt. #, etc. SUITE 304	
City & State BOCA RATON FL Zip 33432		City & State BOCA RATON FL Zip 33432	
4. FEI Number 59-1371770		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, THOMAS L 1877 SOUTH FEDERAL HIGHWAY STE # 304 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent 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 (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD NEWMAN, THOMAS L 1877 SOUTH FEDERAL HIGHWAY STE #304 BOCA RATON, FL 33432	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 officers empowered.			
SIGNATURE:		1/15/06 561-388-3533	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	