2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Jan 27, 2006 08:00 AN Secretary of State

ANNUAL REPORT					Jan 27, 2006 08:00 A			
DOCU	MENT # 625775			Sec	retary	of State		
1. Entity Nam	Name LE - NEWMAN ENGINEERING, INC.					·		
אוטטנב	- NEWMAN ENGINEERING,	INC.						
Principal Plac	e of Business	Mailing Address		† -				
115 N. CAN		115 N. CANAL STREET	•					
LEESBURG, I	FL 34748 US	LEESBURG, FL 34748 US						
								
Г	O NOT WRITE	^E	01092006	No Chg-P	CR2E034 (1	1/05)		
f	O NOT WRITE	III LIIIO ŠĖV	<u> </u>	4. FEI Number 59-19200	342		Applied For	
				<u> </u>		- \$8.7	Not Applicable 5 Additional	
		···	,	5. Certificate of	Status Desired		equired	
	6. Name and Address of Current F	legistered Agent	:		-			
SENTNER	R, KEVIN A ESQ		*.	DO 1	IOT W	DITE		
104 SOUTH OLD DIXIE HIGHWAY			(DO NOT WRITE				
LADTLAN	(E, FL 32159			IN T	HIS SP	ACE		
8 The above	named entity submits this statement for	the Durnage of changing its register	od office or register	rad again) or bests	in the Clate of Class	d= 1 = - 6 4t-		
the obligat	tions of registered agent.	the barbase or cristiffith its redister	an office of fedigible	red agent, or both,	iu tue ptate or Liou	ica. Tam ramilia	ir with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE Registers	d Agent signature required	d when relinstating)		DATE		
-,-,					· · · · · · · · · · · · · · · · · · ·			
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	 Election Campaign Finar Trust Fund Contribution. 	·	.00 May Be led to Fees				
TITLE	OFFICERS AND D	DIRECTORS	1					
NAME	RIDDLE, JANET B.							
STREET ADDRESS	115 NORTH CANAL ST	-	l		Hannan.	402211		
CITY-ST-ZIP	LEESBURG, FL 34748				U00000 02/03/06-	80039-009	5 150.00	
TITLE NAME	PTD RIDDLE, KEITH E.							
STREET ADDRESS	115 NORTH CANAL ST	•						
City-St-ZIP	LEESBURG, FL 34748							
TITLE			1					
NAME STREET ADDRESS			1					
CITY-ST-ZIP			l	DO I	IW TOP	RITE		
TITLE			1	INI T	HIS SP	۸۸۵		
NAME				31.4 1	nio or	MUE		
STREET ADDRESS CITY-ST-ZIP			ł					
TITLE					-			
NAME								
STREET ADDRESS			ł					
CITY-ST-7IP								
TITLE NAME								
STREET ADDRESS			1					
CITY-ST-ZIP			<u> </u>					
12. I hereby	certify that the information supplied with	his filing does not qualify for the ex-	mptions contained	i in Chapter 119, F	Torida Statutes, I fo	urther certify that	t the information	
of the cor changed	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor , or on an attachment with an address, w	verec to execute this report as requi ith an other like empowered.	ed by Chapter 607	7, Florida Statutes;	and that my name	appears in Block	k 10 or Block 11 if	

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR