


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 841665</b> 1. Entity Name <b>HERBERT S. NEWMAN &amp; PARTNERS, PROFESSIONAL CORPORATION</b>	
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Principal Place of Business  
**300 YORK STREET  
NEW HAVEN, CT 06511**

Mailing Address  
**300 YORK STREET  
NEW HAVEN, CT 06511**

**DO NOT WRITE IN THIS SPACE**



07132004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>06-0901699</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BELL, OWEN  
301 DANIA BEACH BOULEVARD  
DANIA, FL 33004**

**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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD NEWMAN, HERBERT S. 12 ROUND HILL LANE WOODBIDGE, CT 06525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NEWMAN, EDNA L. 12 ROUND HILL LANE WOODBIDGE, CT 06525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHIFFER, JOSEPH C. 52 RIVERVIEW AVENUE BRANFORD, CT 06405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GODSHALL, ROBERT J 123 YORK STREET NEW HAVEN, CT 06511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, NOEL 1 ELLIOT PLACE FAIRFIELD, CT 06430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TERRY, MAVIS B 117 NORTHFORD RD. BRANFORD, CT 06405

000000167429  
07/20/04-80004-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

7/14/04

(703) 772-1990