


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 841665 1. Entity Name HERBERT S. NEWMAN & PARTNERS, PROFESSIONAL CORPORATION	
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Principal Place of Business 300 YORK STREET NEW HAVEN, CT 06511	Mailing Address 300 YORK STREET NEW HAVEN, CT 06511
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04062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-0901699	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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 _____

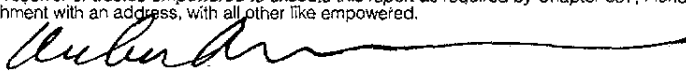
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD 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

U00000298360
04/11/05-80065-009 150.00

**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:  **4/8/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #