

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # H69933

1. Entity Name
WILLIAM E. NEWMAN, INC.



Principal Place of Business
**7012 PINE FOREST RD
PENSACOLA, FL 32526 US**

Mailing Address
**P O BOX 37248
PENSACOLA, FL 32526-0248 US**

DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2568338

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NEWMAN, WILLIAM E
9769 QUAIL HOLLOW CIRCLE
PENSACOLA, FL 32514**

**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 *William E. Newman*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-04-05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
NEWMAN, WILLIAM E SR.
9769 QUAIL HOLLOW CIRCLE
PENSACOLA, FL 325141667**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
BURKE, PHYLLIS
7012 PINE FOREST RD
PENSACOLA, FL 32526**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
NEWMAN, WILLIAM E JR.
7012 PINE FOREST RD
PENSACOLA, FL 32526**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/07/05-80049-015 150.00

**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)(l), 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: *William E. Newman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-04-05
Date

850-941-4277
Daytime Phone #