

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J02200

1. Entity Name

NEWMAN INTERNATIONAL TRAVEL, INC.



Principal Place of Business

% EDWARD CAMPBELL, III  
101 E KENNEDY BLVD, STE 4050  
TAMPA, FL 33602

Mailing Address

% EDWARD CAMPBELL, III  
101 E KENNEDY BLVD, STE 4050  
TAMPA, FL 33602

**FILED**

**Jul 14, 2008 08:00 AM**  
**Secretary of State**



07102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2644402

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

CAMPBELL, EDWARD S., III  
1907 WEST KENNEDY BLVD.  
TAMPA, FL 33606

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

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 PD  
NAME NEWMAN, WILLIAM N.  
STREET ADDRESS 866 S DAVIS BLVD  
CITY-ST-ZIP TAMPA, FL 33606

TITLE SD  
NAME CAMPBELL, EDWARD, III  
STREET ADDRESS 1907 W KENNEDY BLVD  
CITY-ST-ZIP TAMPA, FL 33606

TITLE  
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CITY-ST-ZIP

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07/14/08-80014-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. William N. Newman 7/10/08 813 221-5000  
Date Daytime Phone #