

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # J02202

1. Entity Name
NEWMAN INTERNATIONAL TRANSPORT, 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



04102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2681413

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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NEWMAN, WILLIAM N.
STREET ADDRESS	866 S DAVIS BLVD
CITY-STATE-ZIP	TAMPA, FL 33606
TITLE	SD
NAME	CAMPBELL, EDWARD S., III
STREET ADDRESS	1907 W KENNEDY BLVD
CITY-STATE-ZIP	TAMPA, FL 33606
TITLE	VPD
NAME	MIKLUS, GISELLE M
STREET ADDRESS	101 E KENNEDY BLVD., STE. 4050
CITY-STATE-ZIP	TAMPA, FL 33602
TITLE	D
NAME	PETRY, MICHAEL CLAY
STREET ADDRESS	101 E KENNEDY BLVD., STE. 4050
CITY-STATE-ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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04/23/07-80018-006 150.00

**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

Date

Daytime Phone #