


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90219 035 \*\*\*150.00

<b>DOCUMENT # L13740</b> 1. Entity Name <b>NEWMAN LAND &amp; CATTLE COMPANY, INC.</b>	
---	---

Principal Place of Business <b>2475 HICKORY TREE RD ST CLOUD FL 34772 US</b>	Mailing Address <b>P.O. BOX 700685 ST. CLOUD FL 34770 US</b>
---	---



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
--	--

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent <b>NEWMAN RIFFE, NANCY 3090 HICKORY TREE ROAD SAINT CLOUD FL 34772</b>	
---	--

4. FEI Number <b>59-2971517</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> Zip Code

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, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
--	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>NEWMAN, WILLIAM J JR</b> <b>2475 HICKORY TREE RD</b> <b>ST. CLOUD FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>NEWMAN, THRECA L</b> <b>2475 HICKORY TREE RD</b> <b>ST. CLOUD FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>NEWMAN, WILLIAM J III</b> <b>2525 HICKORY TREE RD</b> <b>ST. CLOUD FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete <b>NEWMAN RIFFE, NANCY</b> <b>3090 HICKORY TREE ROAD</b> <b>SAINT CLOUD FL 34772</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>ABSHIRE, SUSAN</b> <b>4231 ALBRITTON ROAD</b> <b>SAINT CLOUD FL 34773</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>William S. Newman, Jr.</b> <b>2475 Old Hickory Tree Rd.</b> <b>St. Cloud, FL 34772</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Threca L. Newman</b> <b>2475 Old Hickory Tree Rd.</b> <b>St. Cloud, FL 34772</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>William Newman III</b> <b>2525 Old Hickory Tree Rd.</b> <b>St. Cloud, FL 34772</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Nancy Riffe* **Nancy Riffe** **4/24/06** **407-892-2800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #