

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L13740

FILED  
Apr 27, 2010  
Secretary of State

**Entity Name:** NEWMAN LAND & CATTLE COMPANY, INC.

**Current Principal Place of Business:**

2475 OLD HICKORY TREE RD  
ST CLOUD, FL 34772 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 700685  
ST. CLOUD, FL 34770 US

**New Mailing Address:**

**FEI Number:** 59-2971517      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEWMAN RIFFE, NANCY  
3090 HICKORY TREE ROAD  
SAINT CLOUD, FL 34772 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: NEWMAN, WILLIAM J JR  
Address: 2475 HICKORY TREE RD  
City-St-Zip: SAINT CLOUD, FL 34772

Title: D  
Name: NEWMAN, THRECA L  
Address: 2475 HICKORY TREE RD  
City-St-Zip: SAINT CLOUD, FL 34772

Title: D  
Name: NEWMAN, WILLIAM III  
Address: 2525 HICKORY TREE RD  
City-St-Zip: SAINT CLOUD, FL 34772

Title: T  
Name: NEWMAN RIFFE, NANCY  
Address: 3090 HICKORY TREE ROAD  
City-St-Zip: SAINT CLOUD, FL 34772

Title: D  
Name: ABSHIRE, SUSAN  
Address: 4231 ALBRITTON ROAD  
City-St-Zip: SAINT CLOUD, FL 34773

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NANCY NEWMAN RIFFE

T

04/27/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date