2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

	ANNUAL	REPURI		_		10, 2000	00.00
DOCUMENT # L76951						Secretar	y of Sta
1. Entity Name GARY NEWMAN INSURANCE, INC.							
OAKI NE	EVVIVIAIVII II OOI VAINOE, II O.						
Principal Plac	e of Business	Mailing Address		1			
67 SAILFISH		67 SAILFISH DR.					
ATLANTIC BE	EACH, FL 32233	ATLANTIC BEACH, FL 32233				•	
,		et .					
		i i		01072008	No Chg-P	CR2E034 (11/0	15)
	O NOT WRITE	IN THIS SPACE	CE	4. FEI Numb	Der	1	Applied For
ه د ځړ . د د ځړ .			4.5	59-303	35917		Not Applicable
The second of th				5. Certificate	e of Status Desired	□ \$8.75 Fee Req	Additional uired
	6. Name and Address of Current Re	gistered Agent	,	1 R 15	94. , r/,		
NEWMAN, SANDRA L				DO	NOT W	DITE	
6149 THISTLEWOOD ROAD				3.1	NOT W		
JACKSONVILLE, FL 32277				IN:	THIS SF	ACE	
			San James	on his	The late of the	gla jaga engaga sa	Carrier Share
& The shove	named entity submits this statement for the	ne nurnose of changing its register.	ed office or register	red agent or bo	oth, in the State of Ele	를 발발하다. orlda - Lam familiar w	th, and accent
	tions of registered agent.	ie burbose or changing its registere	an owen or radiates	ed agent, or bu	on, in the diale of the	onea. Tannamar v	in, and accept
SIGNATURE_							<u> </u>
•	Signature, typed or printed name of registered agent and	title il applicable. (NOTE: Registere	d Agent signature required	l when reinstating)	1	DATE -	•
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaign Finan		.00 May Be			
After May 1, 2008 Fee will be \$550.00 Trust Fund Contri			L Add	ed to Fees			
10.	OFFICERS AND DI	RECTORS		A Land Art of the Control of the Con			ésp. I
TITLE	DP NEWMAN, GARY J.			. , " . ,			
STREET ADDRESS	6149 THISTLEWOOD RD.				i, ·		
CITY-ST-ZIP	JACKSONVILLE, FL			1	.^ " Unnon	1077748S	. ո այ
TITLE	TS NEWMAN, SANDRA L				_^~01/,ĬQ703	ã—800009—011	_150.00°
NAME STREET ADDRESS	6149 THISTLEWOOD RD	,	Total State of the	# ,			
CITY-ST-ZIP	JACKSONVILLE, FL						
TITLE							·
NAME STREET ADDRESS			r.	_ =		<u> </u>	
CITY-ST-ZIP					NOT W		
TITLE			a property	IN.	THIS SF	PACE	
NAME 030151 ADDRESS							i de
STREET ADDRESS CITY-ST-ZIP					Secretary of the second		
TITLE			* "				,
NAME					·		
STREET ADDRESS	1			٠,			[]

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.

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SUI COUCH O TUMMAN - - H

SANdRAL, Newman:

n 7, 2008

904-241-0777