

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L76951

FILED
Jan 05, 2009
Secretary of State

Entity Name: GARY NEWMAN INSURANCE, INC.

Current Principal Place of Business:

67 SAILFISH DR.
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

67 SAILFISH DR.
SUITE 67
ATLANTIC BEACH, FL 32233

Current Mailing Address:

67 SAILFISH DR.
ATLANTIC BEACH, FL 32233

New Mailing Address:

67 SAILFISH DR.
SUITE 67
ATLANTIC BEACH, FL 32233

FEI Number: 59-3035917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMAN, SANDRA L
6149 THISTLEWOOD ROAD
JACKSONVILLE, FL 32277 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: DP () Delete
Name: NEWMAN, GARY J.,
Address: 6149 THISTLEWOOD RD.
City-St-Zip: JACKSONVILLE, FL

Title: TS () Delete
Name: NEWMAN, SANDRA L
Address: 6149 THISTLEWOOD RD
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: NEWMAN, GARY J.,
Address: 6149 THISTLEWOOD RD.
City-St-Zip: JACKSONVILLE, FL 32277

Title: TS (X) Change () Addition
Name: NEWMAN, SANDRA L
Address: 6149 THISTLEWOOD RD
City-St-Zip: JACKSONVILLE, FL 32277

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GARY J NEWMAN

DP

01/05/2009

Electronic Signature of Signing Officer or Director

Date