2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2011
Secretary of State

DOCUMENT# L76951

Entity Name: GARY NEWMAN INSURANCE, INC.

Current Principal Place of Business:

67 SAILFISH DR.
SUITE 67
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

67 SAILFISH DR.
SUITE 67
ATLANTIC BEACH, FL 32233

New Mailing Address:

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

OFFICERS AND DIRECTORS:

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

Title: TS
Name: NEWMAN, SANDRA L
Address: 6149 THISTLEWOOD RD
City-St-Zip: JACKSONVILLE, FL 32277

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: GARY J NEWMAN PRES 01/17/2011

Electronic Signature of Signing Officer or Director Date