


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

03-21-2005 90083 027 ****28.61
04-18-2005 90551 030 ***121.39

DOCUMENT # P00000092900 1. Entity Name K.E. NEWMAN ENTERPRISES, INC.					
Principal Place of Business 3021 MEANDERING WAY #102 FORT MYERS, FL 33905			Mailing Address 3021 MEANDERING WAY #102 FORT MYERS, FL 33905		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address - Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1040223	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NEWMAN, KAREN E 3021 MEANDERING WAY #102 FORT MYERS, FL 33905			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS NEWMAN, KAREN E <input type="checkbox"/> Delete 24081 COPPERLEAF BLVD BONITA SPRINGS, FL 34135		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NEWMAN, KAREN E 3021 MEANDERING WAY #102 Fort Myers, FL 33905	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT NEWMAN, DONALD W <input type="checkbox"/> Delete 24081 COPPERLEAF BLVD BONITA SPRINGS, FL 34135		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NEWMAN DONALD W 3021 MEANDERING WAY #102 Fort Myers, FL 33905	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 exemption stated in Section 119.07(3)(i), 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: <i>Donald W. Newman</i> Donald W. Newman 3-17-05 239-694-1166 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					
<i>Donald W. Newman</i> Donald W. Newman 4/14/05 239-694-1166					