

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

**DOCUMENT # P00000110593**

1. Entity Name  
**NEWMAN INVESTMENTS, INC.**



Principal Place of Business  
**2 RIDGEDALE AVE., STE 370  
CEDAR KNOLLS, NJ 07927**

Mailing Address  
**2 RIDGEDALE AVE., STE 370  
CEDAR KNOLLS, NJ 07927**

**66007877**



01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**58-2586123**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**THE HERRICK COMPANY, INC.  
C/O NORTON HERRICK  
2295 CORPORATE BLVD N.W., STE 222  
BOCA RATON, FL 33431**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME HERRICK, NORTON  
STREET ADDRESS 2 RIDGEDALE AVE., STE 370  
CITY-ST-ZIP CEDAR KNOLLS, NJ 07927

TITLE VP  
NAME RICHARDS, DAVID  
STREET ADDRESS 20 COMMUNITY PLACE  
CITY-ST-ZIP MORRISTOWN, NJ 07960

TITLE ST  
NAME RICHARDS, PHILIP  
STREET ADDRESS 20 COMMUNITY PLACE  
CITY-ST-ZIP MORRISTOWN, NJ 07960

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 file empowered.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Pres.*

*3/22/05*

Date

Daytime Phone #