

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000068705

1. Entity Name
NEWMAN AND SONS, INC.



Principal Place of Business
**4943 NW 66TH AVE
LAUDERHILL, FL 33319**

Mailing Address
**4943 NW 66TH AVE
LAUDERHILL, FL 33319**

DO NOT WRITE IN THIS SPACE



08122004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1124444

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NEWMAN, LLOYD R
4943 NW 66TH AVE
LAUDERHILL, FL 33319**

**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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NEWMAN, LLOYD R
4943 NW 66TH AVE
LAUDERHILL, FL 33319**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NEWMAN, ELMA L
4943 NW 66TH AVE
LAUDERHILL, FL 33319**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NEWMAN, RICHARD A
255 E PROSPECT AVE. #F-2
MT. VERNON, NY 10550**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NEWMAN, GARNET L
1157 E. 80TH STREET
BROOKLYN, NY 11236**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000170935
08/26/04-80003-017 550.00

**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 19.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone