2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000050957

1. Entity Name
A.M. NEWMAN & ASSOCIATES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1057 HILLSBORO MILE HILLSBORO BEACH, FL	1057 HILLSBORO MILE HILLSBORO BEACH, FL

DO NOT WRITE IN THIS SPACE

02082008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
04-3653918	Not Applicable

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

6. Name and Address of Current Registered Agent

NEWMAN, ALLAN
1057 HILLSBORO MILE
HILLSBORO BEACH, FL

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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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NEWMAN, ALLAN
STREET ADDRESS	1057 HILLSBORO MILE
CITY-ST-ZIP	HILLSBORO BEACH, FL
TITLE	D
NAME	NEWMAN, BARBARA
STREET ADDRESS	1057 HILLSBORO MILE
CITY-ST-ZIP	HILLSBORO BEACH, FL
TITLE	D
NAME	JOHNSTON, ALLEN
STREET ADDRESS	18731 N.W. 89 PLACE
CITY-ST-ZIP	MIAMI, FL 33018

U00000835824
02/29/08-80051-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____   2/8/2008   954-781-7770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #