

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2008 8:00 am
Secretary of State

08-27-2008 90010 037 ***150.00

DOCUMENT # P03000060472

1. Entity Name
 R. A. NEWMAN & SON, INC.



Principal Place of Business
 6331 CHISWICK COURT
 NEW PORT RICHEY, FL 34655

Mailing Address
 6331 CHISWICK COURT
 NEW PORT RICHEY, FL 34655 US

40114404



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

08182008 Chg-P CR2E034 (12/06)

4. FEI Number
 16-1671647

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

EKREN, WAYNE K
 1254 S. PINELLAS AVE.
 TARPON SPRINGS, FL 34689

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	NEWMAN, RALPH A II	
STREET ADDRESS	6331 CHISWICK COURT	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NEWMAN, JAMES W	
STREET ADDRESS	6331 CHISWICK COURT	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	NEWMAN, MARTHA P	
STREET ADDRESS	6331 CHISWICK COURT	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Martha P. Newman*
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 23, 2008 (727) 375-7900
 Date Daytime Phone #