

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90003 035 ***158.75

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1. Entity Name
NEWMAN'S POOL MAINTENANCE SERVICE, CO.



Principal Place of Business
6005 N. WICKHAM ROAD
UNIT A74
MELBOURNE, FL 32940 US

Mailing Address
444 BRIDGETOWN COURT
SATELLITE BEACH, FL 32937 US

00003476



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032005 Chg-P CR2E034 (10/03)

4. FEI Number

04-3779360

Applied For
Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

COLEMAN, CHRISTOPHER J ESQUIRE
1329 BEDFORD DRIVE
SUITE 1
MELBOURNE, FL 32940

7. Name and Address of New Registered Agent

Name WADE B. NEWMAN
Street Address (P.O. Box Number is Not Acceptable)
444 BRIDGETOWN COURT
City SATELLITE BEACH FL Zip Code 32937

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

Waide B. Newman

WADE B. NEWMAN, PRES. 1/14/05

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 P ☐ Delete
NAME NEWMAN, WADE B
STREET ADDRESS 444 BRIDGETOWN COURT
CITY-ST-ZIP SATELLITE BEACH, FL 32937

TITLE S,T ☐ Delete
NAME NEWMAN, DEBORAH Q
STREET ADDRESS 444 BRIDGETOWN COURT
CITY-ST-ZIP SATELLITE BEACH, FL 32937

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Deborah Q. Newman Deborah Q. Newman 1/14/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321-777-0205