

Apr. 27. 2005 3:39PM

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90110 038 ***150.00

DOCUMENT # P04000149569

1. Entity Name
BRETT A NEWMAN PA



Principal Place of Business
**114 SAN JUAN DR
ISLAMORADA, FL 33038 US**

Mailing Address
**114 SAN JUAN DR
ISLAMORADA, FL 33038 US**

00040413



04272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-1812665

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEWMAN, BRETT A
114 SAN JUAN DR
ISLAMORADA, FL 33036**

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$850.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete

**PST
NEWMAN, BRETT A
114 SAN JUAN DR
ISLAMORADA, FL 33036**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

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TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 18.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #