


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90055 023 ***150.00

DOCUMENT # P04000158825

1. Entity Name
STEPHEN M. NEWMAN, P.A.



Principal Place of Business Mailing Address

**109D PALM BAY DRIVE
 PALM BEACH GARDENS, FL 33418** **109D PALM BAY DRIVE
 PALM BEACH GARDENS, FL 33418**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

7121 Fairway Drive **7121 Fairway Drive**

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 203 **Suite 203**

City & State City & State

Palm Beach Gardens, FL **Palm Beach Gardens, FL**


Zip Country Zip Country

33418 USA 33418 USA

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S PINE ISLAND RD
 PLANTATION, FL 33324**

4004



01222008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

20-1909776 Not Applicable

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

7. Name and Address of New Registered Agent

Name **Stephen M. Newman**

Street Address (P.O. Box Number is Not Acceptable) **7121 Fairway Drive, Suite 203**

City **Palm Beach Gardens** **FL** Zip Code **33418**

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 **Stephen M. Newman** *Stephen M. Newman* **1-28-08**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEWMAN, STEPHEN M ESQ. 109D PALM BAY DRIVE PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Stephen M. Newman** *Stephen M. Newman* **1-28-08** **561-691-5424**

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