

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000014371**

1. Entity Name  
**SAN ANN MANAGEMENT CORPORATION**



Principal Place of Business

**12146 CURLEY ST  
SAN ANTONIO, FL 33576**

Mailing Address

**PO BOX 907  
SAN ANTONIO, FL 33576**



02062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2257473**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**NEWLON, TIMOTHY  
12146 CURLEY STREET  
SAN ANTONIO, FL 33576**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	NEWLON, JOSEPH
STREET ADDRESS	PO BOX 547
CITY-ST-ZIP	SAN ANTONIO, FL 33576
TITLE	DV
NAME	NEUMANN, WARREN
STREET ADDRESS	PO BOX 1207
CITY-ST-ZIP	SAN ANTONIO, FL 33576
TITLE	DP
NAME	NEWLON, TIMOTHY
STREET ADDRESS	PO BOX 913
CITY-ST-ZIP	SAN ANTONIO, FL 33576
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000626795  
02/15/07-80035-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOSEPH A. NEWLON**

**2-6-07**

Date

**352-588-3844**

Daytime Phone #