
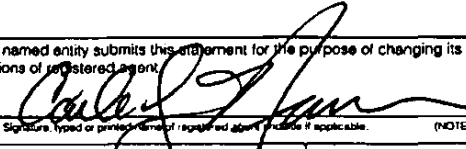
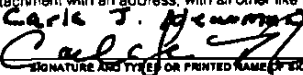


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

3/

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-07-2007 90022 041 ***150.00

DOCUMENT # P94000064522		
1. Entity Name NEWMAN BOAT WORKS, INC		
Principal Place of Business 5901 SR 71 S KINARD, FL 32449		Mailing Address 5901 SR 71 S KINARD, FL 32449
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent NEWMAN, CARLA J 5901 SR 71 S KINARD, FL 32449		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:  DATE: <u>2/25/07</u> <small>Signature Typed or printed name of registered agent, include if applicable. (NOTE: Registered agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GLEASON, DIANE L 9264 MEADOWGEN DALLAS, TX 75238	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NEWMAN, CARLA J 5901 SR 71 S KINARD, FL 32449	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NEWMAN, RITA W 5901 SR 71 S KINARD, FL 32449	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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:  DATE: <u>2/25/07</u> 850 674 2520 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

66006147



02162007 No Chg-P CR2E034 (11/05)

4. FEI Number
90-0169258

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**