

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000003628

1. Entity Name

ALAN NEWMAN & CO., INC.



Principal Place of Business
13201 LA SABINA DRIVE
DELRAY BEACH FL 33446
US

Mailing Address
13201 LA SABINA DRIVE
DELRAY BEACH FL 33446
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E034 (4/06)

4. FEI Number 65-0552381

Applied For

Not Applicable

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, ALAN M
13201 LA SABINA DRIVE
DELRAY BEACH FL 33446

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 reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

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 PCEO
NAME NEWMAN, ALAN M ☐ Delete
STREET ADDRESS 13201 LASABINA DRIVE
CITY- ST- ZIP DELRAY BEACH FL 33446

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000571336
CITY- ST- ZIP 07/20/06-80002-019 150.00

TITLE VP
NAME NEWMAN, PRETT ☐ Delete
STREET ADDRESS 23161 L'ERMITAGE AVE
CITY- ST- ZIP BOCA RATON FL 33433

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 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: *Alan Newman Pres* ALAN NEWMAN Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/06

Date

561-750-3765

Daytime Phone #