

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90042 026 ***150.00

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 - No P.O. Box #

141 NW 20th St

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

Suite, Apt. #, etc.

City & State

Boca Raton

City & State

FL 33431

4. FEI Number

65-0552381

Applied For

Not Applicable

Zip

33431

Country

USA

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEWMAN, ALAN M
13201 LA SABINA DRIVE
DELRAY BEACH FL 33446

7. Name and Address of New Registered Agent

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 retaining)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

TITLE: VP
NAME: NEWMAN, BRETT (Brett)
STREET ADDRESS: 23161 L'ERMITAGE AVE
CITY ST ZIP: BOCA RATON FL 33433 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY ST ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
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TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY ST ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 M Newman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/07
Date

561-7503741
Daytime Phone #