

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000108820

1. Entity Name  
NEWMAN GROUP OF TAMPA, INC.



Principal Place of Business  
625 E. TWIGGS STREET  
STE 100  
TAMPA, FL 33602

Mailing Address  
625 E. TWIGGS STREET  
STE 100  
TAMPA, FL 33602



03232005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3507130

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

WEINSTEIN, DAVID B  
625 E. TWIGGS ST., STE 100  
TAMPA, FL 33602

**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]*  
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
MAX MITCHELL NEWMAN  
1410 7 HOLLINGFURE PLACE  
TAMPA, FL 33624

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TS  
DAVID WEINSTEIN  
625 E. TWIGGS STREET, STE 100  
TAMPA, FL 33607

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
SANTORE, WILLIAM  
2 UNIVERSITY DR STE 328  
PLANTATION, FL 33324

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000332463  
04/26/05-80059-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/05 813 963 7616  
Date Daytime Phone #