

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S26791

FILED  
Apr 22, 2005  
Secretary of State

Entity Name: NEWMAN, LEVINE & METZLER, P.A.

## Current Principal Place of Business:

400 NORTH TAMPA STREET  
STE 2900  
TAMPA, FL 33602 US

## Current Mailing Address:

400 NORTH TAMPA STREET  
STE 2900  
TAMPA, FL 33602 US

## New Principal Place of Business:

6015 BENJAMIN ROAD  
STE 312  
TAMPA, FL 33634 US

## New Mailing Address:

6015 BENJAMIN ROAD  
STE 312  
TAMPA, FL 33634 US

FEI Number: 59-3046311

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEVINE, ROBERT A.  
400 N TAMPA ST  
STE 2900  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

LEVINE, ROBERT A.  
6015 BENJAMIN ROAD  
STE 312  
TAMPA, FL 33634 US

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.

SIGNATURE:

04/22/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DV ( ) Delete  
Name: LEVINE, ROBERT A.,  
Address: 400 N TAMPA ST STE 2900  
City-St-Zip: TAMPA, FL 33602

Title: DTS (X) Delete  
Name: NEWMAN, MITCHELL M.,  
Address: 400 N TAMPA ST STE 2900  
City-St-Zip: TAMPA, FL 33602

Title: DP (X) Delete  
Name: METZLER, DEBRA M.,  
Address: 400 N TAMPA ST STE 2900  
City-St-Zip: TAMPA, FL 33602

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: LEVINE, ROBERT A.G.,  
Address: 6015 BENJAMIN ROAD, SUITE 312  
City-St-Zip: TAMPA, FL 33634

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A.G. LEVINE

DP

04/22/2005

Electronic Signature of Signing Officer or Director

Date