


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S49440</b>							
1. Entity Name <b>NEWFOUND LAND &amp; PROPERTY MANAGEMENT COMPANY</b>							
Principal Place of Business <b>2656 NEWFOUND HARBOR DR MERRITT ISLAND FL 32952</b>		Mailing Address <b>2656 NEWFOUND HARBOR DR MERRITT ISLAND FL 32952</b>					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number <b>59-3062725</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>ZAJDEL, ALAN</b> <b>2656 NEWFOUND HARBOR DR</b> <b>MERRITT ISLAND FL 32952</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>000000213030</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>02/03/05-80054-011 150.00</b>				
NAME	<b>ZAJDEL, ALAN J.</b>	NAME					
STREET ADDRESS	<b>2656 NEWFOUND HARBOR DR</b>	STREET ADDRESS					
CITY- ST- ZIP	<b>MERRITT ISLAND FL</b>	CITY- ST- ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY- ST- ZIP		CITY- ST- ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
NAME		NAME					
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NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY- ST- ZIP		CITY- ST- ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Zajdel* president **Alan Zajdel** 1/31/2005 321/799-9654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayrthe Phone #