

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000070935

FILED  
Jan 04, 2005  
Secretary of State

Entity Name: NEWBERRY CONTRACTING, INC.

**Current Principal Place of Business:**

5010 27 AVE S  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6194  
BRANDON, FL 335086003

**New Mailing Address:**

FEI Number: 35-2172822

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NEWBERRY-SUGGS, APRIL  
5010 S. 27TH AVE.  
TAMPA, FL 33619 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NEWBERRY-SUGGS, APRIL  
Address: 5010 27 AVE S  
City-St-Zip: TAMPA, FL 33619

Title: VST ( ) Delete  
Name: NEWBERRY, ROBERT L  
Address: 5010 27 AVE S  
City-St-Zip: TAMPA, FL 33619

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: APRIL NEWBERRY-SUGGS

PRES

01/04/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date