

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000126148

1. Entity Name
10 Q NEW LIFE CORPORATION



Principal Place of Business
53 CORAL DR.
KEY LARGO, FL 33037

Mailing Address
PO BOX 1244
KEY LARGO, FL 33037

DO NOT WRITE IN THIS SPACE



09042008 No Chg-P CR2E034 (11/05)

4. FEI Number
51-0575370

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICS, F. MARINA
53 CORAL DR.
KEY LARGO, FL 33037

**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 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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME RICS, F. MARINA
STREET ADDRESS 53 CORAL DR.
CITY-ST-ZIP KEY LARGO, FL 33037

TITLE V
NAME SCHERBINS, ROSA I
STREET ADDRESS 53 CORAL DR.
CITY-ST-ZIP KEY LARGO, FL 33037

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STREET ADDRESS
CITY-ST-ZIP

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U00000959603
09/12/08-80001-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____