


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90160 001 ***300.00

DOCUMENT # P06000130220
 1. Entity Name
 NEWBERRY MANAGEMENT CO., INC.



Principal Place of Business
 2240 LITHIA CENTER LANE
 VALRICO, FL 33594

Mailing Address
 P.O. BOX 3195
 BRANDON, FL 33509

00001013



2. Principal Place of Business - No P.O. Box #
 642 E. BLOOMINGDAVE AVE
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01062008 Chg-P CR2E034 (12/06)

City & State
 BRANDON FL

City & State

Zip
 33511

Country

4. FEI Number
 20-5688553

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

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

NEWBERRY, DAVID L
 11441 HAMMOCK OAKS CT.
 LITHIA, FL FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00

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


10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	NEWBERRY, DAVID L	
STREET ADDRESS	11441 HAMMOCK OAKS CT.	
CITY-ST-ZIP	LITHIA, FL 33547	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NEWBERRY, DIANA M	
STREET ADDRESS	11441 HAMMOCK OAKS CT.	
CITY-ST-ZIP	LITHIA, FL 33547	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  DATE: 1/8/08 DAYTIME PHONE #: 813 651 1408