


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 455552</b> 1. Entity Name NEWTON & SONS, INC.	
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Principal Place of Business 2661 W. WASHINGTON ST. ORLANDO, FL 32805	Mailing Address 2661 W. WASHINGTON ST. ORLANDO, FL 32805
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**DO NOT WRITE IN THIS SPACE**



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1545710	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SUBIN, ELI H  
111 N ORANGE AVE  
STE 900  
ORLANDO, FL 32801

**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 \_\_\_\_\_ (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>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NEWTON, DENNIS A 15620 CR 48 ASTATULA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NEWTON, KENNETH T. 15634 VISTA VERDE DR. MONTVERDE, FL 34756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEWTON, JOHN F, III 18135 CORAL WOOD LANE GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00011234434  
02/22/05-H0044-015 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

1/11/5 4072938411  
Date Daytime Phone