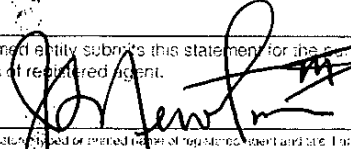
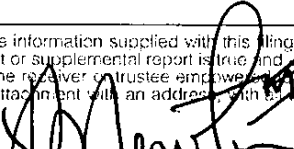


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 11, 2008 8:00 am**  
**Secretary of State**

03-11-2008 90019 018 \*\*\*158.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          |                                 |                                                                       |                                                                                                                                                                                                                                         |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # 455552</b><br>1. Entity Name<br><b>NEWTON &amp; SONS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |                                 |                                                                       |                                                                                                                                                        |                                                                                                                                                         |
| Principal Place of Business<br><b>2661 W. WASHINGTON ST.<br/>ORLANDO FL 32805</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                                 | Mailing Address<br><b>2661 W. WASHINGTON ST.<br/>ORLANDO FL 32805</b> |                                                                                                                                                                                                                                         |                                                                                                                                                         |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                          | 3. Mailing Address              |                                                                       |                                                                                                                                                                                                                                         |                                                                                                                                                         |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          | Suite, Apt. #, etc.             |                                                                       |                                                                                                                                                                                                                                         |                                                                                                                                                         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          | City & State                    |                                                                       | 4. FEI Number <b>59-1545710</b> <div style="float: right; border: 1px solid black; padding: 2px;">         Applied For<br/>Not Applicable       </div>                                                                                  |                                                                                                                                                         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Country                                                                  | Zip                             | Country                                                               | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                              |                                                                                                                                                         |
| 6. Name and Address of Current Registered Agent<br><br><del>SUBIN, ELI H</del><br><del>111 N ORANGE AVE</del><br><del>STE 900</del><br><del>ORLANDO FL 32801</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                          |                                 |                                                                       | 7. Name and Address of New Registered Agent<br>Name <b>John F. Newton, III</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2661 West Washington Street</b><br>City <b>Orlando</b> State <b>FL</b> Zip Code <b>32805</b> |                                                                                                                                                         |
| 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.<br>SIGNATURE  DATE _____<br><small>Signature of individual or printed name of registered agent and date. If OFF Registered Agent signature required when submitting.</small>                                                                                                                                              |                                                                          |                                 |                                                                       |                                                                                                                                                                                                                                         |                                                                                                                                                         |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          |                                 |                                                                       | 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                                     |                                                                                                                                                         |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                 |                                                                                                                                                                                                                                         |                                                                                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ST<br>NEWTON, DENNIS A<br>15620 CR 48<br>ASTATULA FL                     | <input type="checkbox"/> Delete |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | V<br>NEWTON, KENNETH T.<br>15634 VISTA VERDE DR.<br>MONTVERDE FL 34756   | <input type="checkbox"/> Delete |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | P<br>NEWTON, JOHN F.-III-<br>18135 CORAL WOOD LANE<br>GROVELAND FL 34736 | <input type="checkbox"/> Delete |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                       | P<br>NEWTON, JOHN F.-III-<br>18930 Lakeview Drive<br>Clermont, FL 34715<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                          | <input type="checkbox"/> Delete |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                          | <input type="checkbox"/> Delete |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                          | <input type="checkbox"/> Delete |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                       |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another like empowered. |                                                                          |                                 |                                                                       |                                                                                                                                                                                                                                         |                                                                                                                                                         |
| <b>SIGNATURE:</b>  <b>John F. Newton, III</b> 01-23-08 407-293-8411<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deposite Page #</small>                                                                                                                                                                                                                                                                                                                                                                          |                                                                          |                                 |                                                                       |                                                                                                                                                                                                                                         |                                                                                                                                                         |