

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 467044

FILED
Jan 14, 2009
Secretary of State

Entity Name: NEWTON SEATING COMPANY, INCORPORATED.

Current Principal Place of Business:

2344 HARPER STREET
P.O. BOX 2858
JACKSONVILLE, FL 32203

New Principal Place of Business:

2344 HARPER STREET
JACKSONVILLE, FL 32204

Current Mailing Address:

2344 HARPER STREET
P.O. BOX 2858
JACKSONVILLE, FL 32203

New Mailing Address:

P.O. BOX 2858
JACKSONVILLE, FL 32203

FEI Number: 59-1566453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATES, MICHAEL C
2982 ST JOHNS AVENUE
JACKSONVILLE, FL 32205 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: BATES, MICHAEL C
Address: 2982 ST JOHNS AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: T () Delete
Name: LEWIS, STACEY B
Address: 3329 HERSCHEL STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: S () Delete
Name: STRASSER, MARY B.
Address: 4895 WATER OAK LANE
City-St-Zip: JACKSONVILLE, FL 32210

Title: V () Delete
Name: HATCH, JAMES A
Address: 5927 LONG COVE
City-St-Zip: JACKSONVILLE, FL 32222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 exemption stated 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 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: MICHAEL C. BATES

PD

01/14/2009

Electronic Signature of Signing Officer or Director

Date