

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 740976

1. Entity Name

NEWPORTER MAINTENANCE CORPORATION, INC.



Principal Place of Business

5539 MARINE PARKWAY
NEW PORT RICHEY, FL 34652

Mailing Address

P. O. BOX 1175
NEW PORT RICHEY, FL 34656-1175



04022004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2246808

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EPTING, PATRICK
6806 CECELIA DR.
NEW PORT RICHEY, FL 34656-1175

**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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ANTHONY, CHARLES R
STREET ADDRESS 5539 MARINE PARKWAY
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE STD
NAME EPTING, PATRICK
STREET ADDRESS 5539 MARINE PARKWAY
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE VD
NAME RONA, GABOR A
STREET ADDRESS 5539 MARINE PARKWAY
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE
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04/09/04-80028-015 61.25

**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 617, 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:

Patrick L. Epting
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patrick L. Epting

4/2/04
Date

727/844-8225
Daytime Phone #