

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90037 009 \*\*\*150.00

**DOCUMENT # F04000003912**

1. Entity Name

NEW HOLDINGS, INC.



Principal Place of Business

6964 PROFESSIONAL PKWY EAST  
SARASOTA FL 34240

Mailing Address

6964 PROFESSIONAL PKWY EAST  
SARASOTA FL 34240



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **65-1216122**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOOTHE, ROBERT  
NEW HOLDINGS, INC  
6964 PROFESSIONAL PKWY EAST  
SARASOTA FL 34240

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PSD  
NAME: DEROSA, PHILIP ☐ Delete  
STREET ADDRESS: 1020 VILLAGIO CIR STE 108  
CITY-ST-ZIP: SARASOTA FL 34237

TITLE: D  
NAME: REDFEARN, KYLE ☐ Delete  
STREET ADDRESS: 14416 HIGH HILL POND ROAD  
CITY-ST-ZIP: TALLAHASSEE FL 32309

TITLE: DC  
NAME: RIVERS, BRYAN ☐ Delete  
STREET ADDRESS: 525 ASPEN GLADE CRT  
CITY-ST-ZIP: LEXINGTON SC 29072

TITLE: VT  
NAME: MONTS, ELIZABETH R ☐ Delete  
STREET ADDRESS: 2141 MOSKOGEE TRL  
CITY-ST-ZIP: NOKOMIS FL 34275

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition  
NAME:  
STREET ADDRESS: 6964 Professional Pkwy E  
CITY-ST-ZIP: Sarasota, FL 34240

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ 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 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 all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/07

941/388-0905

Date

Daytime Phone #