

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90152 005 ***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 # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1216122	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOOTHE, ROBERT NEW HOLDINGS, INC 6964 PROFFESIONAL PKWY EAST SARASOTA, FL 34240				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE:	
SIGNATURE _____ Signature typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when re-registering)				DATE:	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		DATE:	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD DEROSA, PHILIP 6964 PROFESSIONAL PKWY E SARASOTA, FL 34240	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REDFEARN, KYLE 14416 HIGH HILL POND ROAD TALLAHASSEE, FL 32309	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC RIVERS, BRYAN 525 ASPEN GLADE CRT LEXINGTON, SC 29072	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT MONTS, ELIZABETH R 2141 MOSKOGEE TRL NOKOMIS, FL 34275	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT MONTS, ELIZABETH R 2141 MOSKOGEE TRL NOKOMIS, FL 34275	☐ Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Elizabeth R. Monts</u> (941) 388-0905					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					