

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # F96000005301**

1. Entity Name  
C.K. NEWCOMB & ASSOCIATES, INC.



Principal Place of Business  
1501 NORTH MARGINAL ROAD  
CLEVELAND, OH 44114

Mailing Address  
1501 NORTH MARGINAL ROAD  
CLEVELAND, OH 44114



02272008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

NEWCOMB, CHARLES K  
4521 CANOPY ROAD  
PENSACOLA, FL 32504-7801

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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

000000366273  
04/08/08-80020-017 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PC
NAME	NEWCOMB, CHARLES K
STREET ADDRESS	4521 CANOPY ROAD
CITY-ST-ZIP	PENSACOLA, FL 325047801

TITLE	ST
NAME	NEWCOMB, VIRGINIA
STREET ADDRESS	4521 CANOPY ROAD
CITY-ST-ZIP	PENSACOLA, FL 325047801

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Virginia Newcomb*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3-19-08* *216-*  
*781-0208*