

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004421

Entity Name: NEWCOMB SPRING CORP.

FILED
Jan 02, 2008
Secretary of State

Current Principal Place of Business:

5408 PANOLA IND. BLVD
DECATUR, GA 30035

New Principal Place of Business:

Current Mailing Address:

5408 PANOLA IND. BLVD
DECATUR, GA 30035

New Mailing Address:

FEI Number: 06-0672947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR, SUITE 4
WESTON, FL 33331 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: JACOBSON, ROBERT
Address: 5408 PANOLA INDUSTRIAL BLVD.
City-St-Zip: DECATUR, GA 30035

Title: VD () Delete
Name: JACOBSON, JOHN
Address: 12695 NW 69TH COURT
City-St-Zip: PARKLAND, FL 33076

Title: ST () Delete
Name: DUBROW, DAVID
Address: 5408 PANOLA INDUSTRIAL BLVD
City-St-Zip: DECATUR, GA 30035

Title: CD () Delete
Name: JACOBSON, GEORGE D JR.
Address: 235 SPRING STREET
City-St-Zip: SOUTHTON, CT 06489

Title: D () Delete
Name: O'CONNOR, CAROLANN D
Address: 372 HYERDALE DRIVE
City-St-Zip: GOSHEN, CT 06756

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:

Title: D (X) Change () Addition
Name: O'CONNOR, CAROLANN D
Address: 41 TALLOW DRIVE
City-St-Zip: BLUFFTON, SC 29909

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: DAVID DUBROW

ST

01/02/2008

Electronic Signature of Signing Officer or Director

Date