


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90081 043 ***150.00


DOCUMENT # G05489	
1. Entity Name NEW-2-U, INC.	

Principal Place of Business 1599 10TH AVE SUITE C VERO BEACH FL 32960 US	Mailing Address 1599 10TH AVE VERO BEACH FL 32960 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 421 W. Temple Ct. SW Suite, Apt. #, etc.
City & State	City & State Vero Beach FL
Zip 32968	Country Indian River



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent WAGNER, I SUZANNE 1511 19TH AVENUE VERO BEACH FL  Ms. Suzanne Wagner 421 W Temple Ct. SW Vero Beach, FL 32968		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WAGNER, I SUZANNE 1 Ms. Suzanne Wagner 421 W Temple Ct. SW Vero Beach, FL 32968 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: P. Suzanne Wagner P. I. Suzanne Wagner 2-17-05 772-74-9533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #