


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G11163</b> 1. Entity Name NEWTON-HARRIS CO.	
---	---

Principal Place of Business 200 W FORSYTH ST SUITE 1600 JACKSONVILLE, FL 32202 US	Mailing Address 200 W FORSYTH ST SUITE 1600 JACKSONVILLE, FL 32202 US
--	--



01272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2236055	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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

SMITH & HULSEY, PROFESSIONAL ASSOCIATION  
1800 FL.NATL BN TOWER  
225 WATER STREET  
JACKSONVILLE, FL 32202

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS VAUGHAN, DREAMA D 200 W FORSYTH ST STE 1600 JACKSONVILLE, FL 32202
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEWTON, RUSSELL B JR 200 W FORSYTH ST STE 1600 JACKSONVILLE, FL 32202
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NEWTON, RUSSELL B III 200 W FORSYTH ST STE 1600 JACKSONVILLE, FL 32202
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

**DO NOT WRITE  
IN THIS SPACE**

U00000324946  
04/22/05-80110-023 150.00

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:**

*Russell B Newton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05 (904) 356-1739  
Date Daytime Phone #