

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H04205

FILED  
May 12, 2005  
Secretary of State

Entity Name: NEWPORT COMMUNICATIONS, INC.

**Current Principal Place of Business:**

25 HOMESTEAD RD N  
UNIT 29  
LEHIGH ACRES, FL 33936 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 417  
LEHIGH ACRES, FL 339707417 US

**New Mailing Address:**

FEI Number: 59-2417587

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REYNOLDS, A BRINTON, JR  
801 N. LEEKLAND HTS BLVD.  
LEHIGH ACRES, FL 33936 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: PTD ( ) Delete  
Name: HODDE, CHARLES G.,  
Address: 1121 RUSHMORE AVE S.  
City-St-Zip: LEHIGH ACRES, FL

Title: VD ( ) Delete  
Name: HODDE, CHARLES G. JR.,  
Address: 10589 ROXBURY CT  
City-St-Zip: LEHIGH ACRES, FL

Title: SD ( ) Delete  
Name: HODDE, E. ADELAIDE,  
Address: 1121 RUSHMORE AVE S.  
City-St-Zip: LEHIGH ACRES, FL

Title: D ( ) Delete  
Name: CALIA, M. A.,  
Address: 145 PALMER AVE.  
City-St-Zip: RIVERSIDE, RI

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARLES G HODDE JR

VP

05/12/2005

Electronic Signature of Signing Officer or Director

Date