
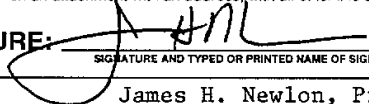


Apr 30,
Secr

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H18732 1. Entity Name NEWLON & COMPANY, INC.		
Principal Place of Business 3817 N. LAKE ORLANDO PARKWAY ORLANDO, FL 32808		Mailing Address 3817 N. LAKE ORLANDO PARKWAY ORLANDO, FL 32808
DO NOT WRITE IN THIS SPACE		
		04222004 No Chg-P CR2E034 (10/03)
4. FEI Number 59-2471608		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent NEWLON, JAMES H. 3817 N. LAKE ORLANDO PARKWAY ORLANDO, FL 32808		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 _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PTD NEWLON, JAMES H. 3817 N. LAKE ORLANDO PKW ORLANDO, FL	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S NEWLON, JAMES R. 304 LOG RUN COURT OCOE, FL	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	V LEGETTE, YOMA D 3595 W. LAKE MARY BLVD STE A LAKE MARY, FL 32746	
TITLE NAME STREET ADDRESS CITY-ST- ZIP		
TITLE NAME STREET ADDRESS CITY-ST- ZIP		
TITLE NAME STREET ADDRESS CITY-ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR James H. Newlon, President		Date 4/28/04 Daytime Phone # (407) 321-0400