

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2007 8:00 am
Secretary of State

07-06-2007 90002 027 ***150.00

DOCUMENT # H18732

1. Entity Name
NEWLON & COMPANY, INC.



Principal Place of Business

**3595 W. LAKE MARY BLVD.
SUITE "A"
LAKE MARY, FL 32746**

Mailing Address

**3595 W. LAKE MARY BLVD.
SUITE "A"
LAKE MARY, FL 32746**

DO NOT WRITE IN THIS SPACE

07022007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2471608

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NEWLON, JAMES H.
3595 W. LAKE MARY BLVD., SUITE A
LAKE MARY, FL 32746**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE: PTD
NAME: NEWLON, JAMES H.
STREET ADDRESS: 3595 W. LAKE MARY BLVD., SUITE A
CITY-ST-ZIP: LAKE MARY, FL 32746

TITLE: S
NAME: NEWLON, JAMES R.
STREET ADDRESS: 304 LOG RUN COURT
CITY-ST-ZIP: OCOEE, FL

TITLE: V
NAME: LEGETTE, YOMA D
STREET ADDRESS: 3595 W. LAKE MARY BLVD STE A
CITY-ST-ZIP: LAKE MARY, FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone #

JAMES H. NEWLON PRESIDENT 7/2/07 (407) 321-0400