2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2008 8:00 am Secretary of State

DOCUMENT # H18732 1. Entity Name NEWLON & COMPANY, INC.					6 5	90064 02	4 ***150	.00		
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		. ::	18) 1814 1888 1118 1181	Aleyi arayi aley		III A II I II A		
2. Principal Place of Business - No P.O. Box # 3599 W. Lake Mary Blvd. Suile, Apt. #, etc.		3. Mailing Address 3599 W. Lake Mary Blvd. Suite, Apt. #, etc.								
Suite C City & State		Suite C City & State		03312008 4. FEI Number	Chg-P		34 (12/06)	plied For		
Lake Mary, FL		Lake Mary, FL			59-2471	608		No	t Applicable	
32746 Country Seminole		32746	Country Seminole		5. Certificate o	f Status Desired		\$8.75 Add Fee Required		
	6. Name and Address of Current F	Name	7. Name and Address of New Registered Agent Name							
NEWLON, JAMES H.										
- 3595 W. LAKE MARY BLVD., SUITE A LAKE MARY, FL 32746				Street Address (P.O. Box Number is Not Acceptable)						
DANE WANT, LE 02/40			359	3599 W. Lake Mary Blvd., Suite C						
·				Lake Mary FL 32746						
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 1/9/08										
Signature, typed or princed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) // MATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.	OFFICERS AND I		11.		ADDITIONS/C	HANGES TO OFF	ICERS AND			
NAME	NEWLON, JAMES H.	☐ Delete	TITLE NAME		00 1			Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRES		3599 W. Lake Mary Blvd., Suite C Lake Mary, FL 32746					
TITLE NAME	S NEWLON, JAMES R.	☐ Delete	TITLE NAME		· 	,		☐ Change	☐ Addition	
STREET ADDRESS	304 LOG RUN COURT		STREET ADDRES	ss					ı	
CITY-ST-ZIP	OCOEE, FL		CITY-ST-ZIP				· · · · · ·	<u> </u>		
TITLE NAME	V LEGETTE, YOMA D	☐ Delete	TITLE NAME					Change	Addition	
STREET ADDRESS CITY-ST-ZIP	3595 W: LAKE MARY BLVD STE LAKE MARY, FL 32746	-^ -	STREET ADDRES	s 35 La	99 W. Lal ke Mary,	ce Mary B: FL 32746	lvd.,	Suite (C	
TITLE		☐ Delete	TITLE			-		Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRES	ss						
CITY-ST-ZIP			CITY-ST-ZIP					 -		
TITLE NAME		☐ Delete	TITLE					Change	Addition Addition	
STREET ADDRESS			STREET ADDRES	ss					i	
C(1Y-ST-ZIP			CITY-ST-ZIP							
TITLE NAME		☐ Delete	TITLE NAME					☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRES	ss						
12. I hereby	certify that the information supplied with	this filing does not qualify for	the exemption	s container	d in Chanter 119	Florida Statutes	further cert	ify that the in	- nformation	
12. Thereby 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 deexecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter or on an attachment with an address, with all other like empowered.										