

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H24595

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: PAUL D. NEWELL, P.A.

## Current Principal Place of Business:

% PAUL D. NEWELL  
260 A LAWRENCE BLVD  
KEYSTONE HEIGHTS, FL 32656 US

## Current Mailing Address:

% PAUL D. NEWELL  
P. O. BOX 1369  
KEYSTONE, FL 32656 US

## New Principal Place of Business:

260 A S. LAWRENCE BLVD.  
SUITE 201  
KEYSTONE HEIGHTS, FL 32656 US

## New Mailing Address:

PAUL D. NEWELL  
P. O. BOX 1369  
KEYSTONE, FL 32656 US

FEI Number: 59-2473564

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEWELL, PAUL D.  
260 A LAWRENCE BOULEVARD  
SUITE 201  
KEYSTONE HEIGHTS, FL 32656 US

## Name and Address of New Registered Agent:

NEWELL, PAUL D  
260A S. LAWRENCE BLVD.  
SUITE 201  
KEYSTONE HEIGHTS, FL 32656 US

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: PAUL D. NEWELL

04/24/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: NEWELL, PAUL D.,  
Address: 260 A LAWRENCE BOULEVARD  
City-St-Zip: KEYSTONE HEIGHTS, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: NEWELL, PAUL D.,  
Address: 260A S. LAWRENCE BLVD.  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PAUL D. NEWELL

PD

04/24/2008

Electronic Signature of Signing Officer or Director

Date