

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90100 040 \*\*\*\*\*8.75  
08-15-2006 90001 022 \*\*\*558.75

**DOCUMENT # H70149**

1. Entity Name

NEWBY PACKAGE & LOUNGE, INC.



Principal Place of Business

4103 THOMAS DR  
PANAMA CITY BEACH FL 32408-7308

Mailing Address

4103 THOMAS DR  
PANAMA CITY BEACH FL 32408-7308



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E034 (4/06)

4. FEI Number 59-2575480

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NEWBY, CHARLOTTE  
4103 THOMAS DR  
PANAMA CITY BEACH FL 32407

7. Name and Address of New Registered Agent

Name John Bosco McVeigh  
Street Address (P.O. Box Number is Not Acceptable) 308 Greenwood Cr  
Panama City Beach  
City FL Zip Code 32408

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 \$550.00**

**DUE BY September 6, 2006**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME NEWBY, CHARLOTTE  
STREET ADDRESS 4103 THOMAS DR  
CITY - ST - ZIP PANAMA CITY BEACH FL 32408

TITLE D ☐ Delete  
NAME MC VEIGH, JOHN  
STREET ADDRESS 310 GREENWOOD CR  
CITY - ST - ZIP PANAMA CITY BEACH FL 32408

TITLE D ☐ Delete  
NAME HALEY, KATHY  
STREET ADDRESS 3820 TREASURE CR  
CITY - ST - ZIP PANAMA CITY BEACH FL 32408

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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: Charlotte Newby / Charlotte Newby 8/6/06 8502302829  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #