2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2006 08:00 AM Secretary of State

ANNUAL REPURI			Secretary of State			
DOCUMENT # J18237			{	Secreta	ary or State	C
NEWTON DEVELOPMENTS, INC.						
Principal Place of Business 5100 87TH STREET E.	Mailing Address 5100 871H STREET E.		1			
BRADENTON, FL 34211 US	BRADENTON, FL 34211 U	S	}			
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DO NOT WRITE IN THIS SPACE			02282006	No Chg-P	CR2E034 (11/05)	
			4. FEI Numb) 	ed For
			59-269		\$8.75 Addition	Applicati Snaf
6. Name and Address of Current Reg	Internal Ameni		5. Certificate	of Status Desired	Fee Required	
	Islaneu Agant					
HOGAN, PATRICK 5100 87TH STREET E.	DO NOT WRITE					
BRADENTON, FL 34211		IN THIS SPACE				
			•			
8. The above named entity submits this statement for the	purpose of changing its register	ed office or register	ed agent, or bo	th, in the State of Fic	orida. I am familiar with, an	d accer
the obligations of registered agent.						
Signature, typed or printed name of registered agent and the ti applicable (NOTE Registered Agent signature required			when rensisting) OATE			
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.			.00 May Be ed to Fees			
10. OFFICERS AND DIR	ECTORS			·		
NAME HUNT, ROBERT A.		[
STREET ADDRESS 5100 87TH STREET E.		}				
THE VST		1				
MANE HOGAN, PATRICK M.		ļ		U00000	0495227 -800 <mark>02-006 15</mark> 0	
STREET ADDRESS 5100 87TH STREET E.		ł		04/21/06	-80002-006 150	.00
TITLE		Ì				
NAME Street Address			D O	MOTIL		
City-SI-ZIP		l		NOT W		
TITLE NAME		}	IN '	THIS SF	PACE	
STREET ADDRESS						
CHY-SI-ZIP		ł				
DILE		1				

12. Thereby certify that the information supplied with this filling 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 it 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.

 ~ 100

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/06

(941) 158-2424

Daytime Phone #