


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90014 045 ***150.00

DOCUMENT # P00000060988	
1. Entity Name NEWBY ASSEMBLY SOLUTIONS, INC.	

Principal Place of Business 121 OTIS RD. JACKSONVILLE FL 32220	Mailing Address P.O. BOX 703 JACKSONVILLE FL 32220
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2. Principal Place of Business		3. Mailing Address 121 OTIS RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State JACKSONVILLE FL	
Zip	Country	Zip 32220	Country U.S



MOORE CR2E034 (11/03)

4. FEI Number 59-3652277		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent NEWBY, MARK E 121 OTIS RD. JACKSONVILLE FL 32220		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City FL Zip Code		

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEWSBY, MARK 121 OTIS RD. JACKSONVILLE FL 32220 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEWBY, MARK 121 OTIS RD JACKSONVILLE FL 32220 <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Correct Spelling</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEWSBY, DEBRA 121 OTIS RD. JACKSONVILLE FL 32220 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEWBY, DEBRA 121 OTIS RD JACKSONVILLE FL 32220 <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Correct Spelling</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Debra Newby* **DEBRA NEWBY** 2/4/04 904-545-7476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #