

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000108434

FILED  
Mar 04, 2009  
Secretary of State

Entity Name: NEWTON STREET APARTMENT INC.

**Current Principal Place of Business:**

1321 NEWTON ST.  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

1321 NEWTON ST.  
KEY WEST, FL 33040

**New Mailing Address:**

FEI Number: 65-1061371

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GINGRAS, GARY  
1321 NEWTON ST.  
KEY WEST, FL 33040 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GINGRAS, GARY  
Address: 203 LOUDON ROAD UNIT 122  
City-St-Zip: CONCORD, NH 03301

Title: VD ( ) Delete  
Name: GINGRAS, DONALD  
Address: 1828 HIDDEN PINE LANE  
City-St-Zip: APOPKA, FL 32712

Title: STD (X) Delete  
Name: GINGRAS, DARLENE  
Address: 11930 SW 120TH AVE.  
City-St-Zip: MIAMI, FL 331865135

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GARY GINGRAS

PD

03/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date