## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 14, 2005 8:00 am Secretary of State

| DOCUMENT # P0100000349  1. Entity Name NEWLON SERVICES, P.A.  |  |                                     |   |  |                           | 01-14-2005          | 90034 022 ***1.                | 50.00         |  |
|---|--|-------------------------------------|---|--|---------------------------|---------------------|--------------------------------|---------------|--|
| Principal Place of Business Mailing Address   |  |                                     |   |  | #AAAAATIJ                 |                     |                                |               |  |
|   |  | P.O. BOX 907<br>San Antonio, Fl 335 | .O. BOX 907<br>An Antonio, Fl 33576-0907  |  |                           |                     |                                |               |  |
|   |  |                                     |   |  |                           |                     | II BETIH BENN BETER KINN BURNA |               |  |
| 2. Principal Place of Business  |  | 3. Mailing Address                  |   |  |                           |                     |                                |               |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                 |   |  | 01112005                  | Chg-P               | CR2E034 (10/03                 | )             |  |
| City & State  |  | City & State                        |   | 4. FEI Number 59-3689                              | 428                       | <del></del>         | Applied For<br>Not Applicable  |               |  |
| Zip<br>_  | Country  | Zip                                 | Country   |  | 5. Certificate o          | Status Desired      | □ \$8.75 A<br>Fee Requi        |               |  |
|   | 6. Name and Address of Current                                   | Registered Agent                    |   |  | 7. Name and A             | ddress of New R     |                                |               |  |
| NEWI ON   | JOSEPH A   |                                     | Nam   | e  |                           |                     |                                |               |  |
| 13102 CURLEY ST<br>SAN ANTONIO, FL 33576-0907   |  |                                     | Stree   | Street Address (P.O. Box Number is Not Acceptable) |                           |                     |                                |               |  |
|   |  |                                     |   |  |                           |                     | <del></del>                    |               |  |
|   |  |                                     | City  |  | FL Zip Code               |                     |                                |               |  |
| 8. The above the obligat  | named entity submits this statement folions of registered agent. | r the purpose of changing its       | registered office   | e or register                                      | ed agent, or both         | in the State of Flo | orida. I am familiar wit       | n, and accept |  |
| SIGNATURE   | Signature, typed or printed name of registered agent             | and title if applicable. (NOTE      | : Registered Agent si   | gnature required                                   | s when reinstating)       |                     | DATE                           |               |  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.                                 |  |                                     |   |  | .00 May Be<br>led to Fees |                     |                                |               |  |
| 10.   | OFFICERS AND   | DIRECTORS                           | 11.   | . ,  | ADDITIONS/C               | HANGES TO OFF       | ICERS AND DIRECTO              | RS IN 11      |  |
| title<br>Name   | DVT<br>NEWLON, JOSEPH A  | ☐ Defete                            | TITLE   |  |                           |                     | ☐ Change                       | ☐ Addition    |  |
| STREET ADDRESS  |  |                                     | NAME<br>STREET ADDRE  | ss   |                           |                     |                                |               |  |
| CITY-ST-ZIP   | SAN ANTONIO, FL 335760907  |                                     | CITY-ST-ZIP   |  |                           |                     |                                |               |  |
| TITLE   | DDS  | ☐ Delete                            | TITLE   | DP:  | S                         |                     | Change                         | ☐ Addition    |  |
| NAME<br>STREET ADDRESS  | NEWLON, TIMOTHY J<br>12146 CURLEY ST                             |                                     | NAME<br>STREET ADDRE  | ss   |                           |                     | •                              |               |  |
| CITY-ST-ZIP   | SAN ANTONIO, FL 335760907  |                                     | CITY-ST-ZIP   | İ  |                           |                     |                                |               |  |
| TITLE   |  |                                     |   |  |                           |                     |                                |               |  |
| NAME  |  | ☐ Delete                            | TITLE   |  |                           |                     | Change                         | Addition      |  |
|   |  | ☐ Delete                            | **NAME  | ss   |                           |                     | Change                         | Addition      |  |
| STREET ADDRESS<br>CITY+ST+ZIP   |  | ☐ Delete                            |   | ss   |                           |                     | ☐ Change                       | Addition      |  |
| STREET ADDRESS<br>CITY+ST+ZIP<br>TITLE  |  | □ Delete                            | NAME STREET ADDRE   | ss   |                           |                     | Change                         |               |  |
| STREET ADDRESS<br>CITY+ST+ZIP<br>TITLE<br>NAME  |  |                                     | NAME STREET ADDRE CITY-ST-ZIP TITLE NAME  |  |                           |                     |                                |               |  |
| STREET ADDRESS<br>CITY+ST+ZIP<br>TITLE  |  |                                     | NAME STREET ADDRE   |  |                           |                     |                                |               |  |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  |  |                                     | NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE   |  |                           |                     |                                | ☐ Addition    |  |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   |  | ☐ Delete                            | TREET ADDRESTREET | SS   |                           |                     | ☐ Change                       | ☐ Addition    |  |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  |  | ☐ Delete                            | NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE   | SS   |                           |                     | ☐ Change                       | ☐ Addition    |  |
| STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE THE TADDRESS                          |  | ☐ Delete                            | TREET ADDRESTREET   | SS   |                           |                     | ☐ Change                       | ☐ Addition    |  |
| STREET ADDRESS CITY-ST-ZIP  TITLE NAME |  | ☐ Delete ☐ Delete                   | TREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME  | 55   |                           |                     | ☐ Change                       | ☐ Addition    |  |
| STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE THE TADDRESS                          |  | ☐ Delete ☐ Delete                   | TREET ADDRESTREET   | 55   |                           |                     | ☐ Change                       | ☐ 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:

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-05 Date

352-588-3844