




**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000000349</b> 1. Entity Name NEWLON SERVICES, P.A.			
Principal Place of Business 12146 CURLEY ST SAN ANTONIO, FL 33576-0907		Mailing Address P.O. BOX 907 SAN ANTONIO, FL 33576-0907	
<b>DO NOT WRITE IN THIS SPACE</b>			
		02012007    No Chg-P    CR2E034 (11/05)	
		4. FEI Number 59-3689428	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  NEWLON, JOSEPH A 13102 CURLEY ST SAN ANTONIO, FL 33576-0907		<b>DO NOT WRITE IN THIS SPACE</b>	
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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		000000619414 02/09/07-20072-004 150.00	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT NEWLON, JOSEPH A 12146 CURLEY ST SAN ANTONIO, FL 335760907		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS NEWLON, TIMOTHY J 12146 CURLEY ST SAN ANTONIO, FL 335760907		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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: 		2-1-07    252-586-2978	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date    Daytime Phone #	