## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P0100000349

Entity Name: NEWLON SERVICES, P.A.

FILED Jan 16, 2009 Secretary of State

| Current Principal Place of Business:          |  |                                  | New Principal Place of Business:            |  |  |
|---|--|----------------------------------|---|--|--|
| 12620 CUI                                     | •                                      | or Business.                     | new i inicipal i lace                       | or Business.                                 |  |
| SUITE 103                                     |  | 760907 US                        |   |  |  |
| Current Mailing Address:                      |  |                                  | New Mailing Address:                        |  |  |
| P.O. BOX<br>SAN ANTO                          | 907<br>DNIO, FL 3357                   | 760907                           |   |  |  |
| FEI Number                                    | : 59-3689428                           | FEI Number Applied For()         | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |  |                                  | Name and Address o                          | Name and Address of New Registered Agent:    |  |
| 13102 CUI                                     | , JOSEPH A<br>RLEY ST<br>DNIO, FL 3357 | 760907 US                        |   |  |  |
|   | named entity<br>e of Florida.          | submits this statement for the p | ourpose of changing its registered          | d office or registered agent, or both,       |  |
| SIGNATU                                       | RE:                                    |                                  |   |  |  |
| Electronic Signature of Registered Agent      |  |                                  | ent   | Date   |  |
| Election Car                                  | mpaign Financin                        | g Trust Fund Contribution ( ).   |   |  |  |
| OFFICERS AND DIRECTORS:                       |  |                                  | ADDITIONS/CHANGI                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | NEWLON, JOS<br>12620 CURLEY            |                                  | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | NEWLON, TIME<br>12620 CURLEY           |                                  | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |

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: TIMOTHY NEWLON P 01/16/2009