


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000096115 1. Entity Name NEWPORT CONTRACTING & DEVELOPMENT, INC.	
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Principal Place of Business 6919 SPINNAKER BLVD. ENGLEWOOD, FL 34224	Mailing Address 6919 SPINNAKER BLVD ENGLEWOOD, FL 34224
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01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1144582	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NEWELL, DARRYL A
3579 SOUTH ACCESS ROAD
SUITE L
ENGLEWOOD, FL 34224

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required 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 <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000200781 01/28/05-80042-010 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES NEWELL, DARRYL A 3579 S. ACCESS RD., STE. L ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BROWN, BUD 6919 SPINNAKER BLVD ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC PORTER, WILLIAM S 6919 SPINNAKER BLVD ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #