## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 18, 2005 08:00 AM Secretary of State

DOCUMENT # P02000022288  1. Entity Name ROBERT K. NEWCOMB, INC.	Secretary of State
Principal Place of Business Mailing Address 4627 N W 58TH AVENUE 4627 N W 58TH AVENUE CORAL SPRINGS, FL 33067 CORAL SPRINGS, FL 33067	
	01292005 No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SPACE	4. FEI Number Applied For 90-0025610 Not Applied For Status Desired \$8.75 Additional Fee Required
5. Name and Address of Current Registered Agent  NEWCOMB, ROBERT K  4627 N W 58TH AVENUE  CORAL SPRINGS, FE 33067	DO NOT WRITE IN THIS SPACE
8. The above named entity of pairs 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution	cing \$5.00 May Be 03/18/05-80056-006 150.00
10. OFFICERS AND DIRECTORS  TITLE PSD NAME NEWCOMB, ROBERT K STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33067  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
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP	
12. Thereby certily that the information supplied with this filling 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 received 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 all other like empowered.  SIGNATURE:	