

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000073274

1. Entity Name
NEWBERRY PERFORMANCE AUTOMOTIVE, INC.



Principal Place of Business
**2799 NE HOLLINGSWORTH ST
ARCADIA, FL 34266**

Mailing Address
**2799 NE HOLLINGSWORTH ST
ARCADIA, FL 34266**



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0630553	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

**AMES, ANDREW T
124 W OAK ST
ARCADIA, FL 34266**

**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 renating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000534958
01/23/07-80019-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NEWBERRY, JACK C
STREET ADDRESS	2799 NE HOLLINGSWORTH ST
CITY-ST-ZIP	ARCADIA, FL 34266

TITLE	VSTD
NAME	NEWBERRY, ELIZABETH E
STREET ADDRESS	2799 NE HOLLINGSWORTH ST
CITY-ST-ZIP	ARCADIA, FL 34266

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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:

Jack Newberry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/07 863491-8500
Date Daytime Phone #