2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P02000091700 03-17-2004 90017 022 ***150.00 1. Entity Name NEWLEAD INCORPORATED Principal Place of Business Mailing Address POST OFFICE BOX 4258 1605 19TH PLACE 14000279 VERO BEACH, FL 32964 VERO BEACH, FL 32960 2. Principal Place of Business 3. Mailing Address <u>1054</u> 20TH PLACE Suite, Apt. #, etc. Suite, Apt. #, etc. 01292004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For VERO BEACH. 04-3709201 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEIBEL, MARK Street Address (P.O. Box Number is Not Acceptable) 1605 19TH PLACE VERO BEACH, FL 32960 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CFO vice prescoent Change TITLE Delete TITLE ☐ Addition KOONTZ AJ NAME NAME 2245 ST CHRISTOPHER LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH, FL 32963 drestoe-1 TITLE ☐ Delete ☐ Addition NAME 1 OLMSTEAD, VINNY NAME STREET ADDRESS 1124 INDIAN MOUND TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH, FL 32963 VP.__, ___. Change , Addition TITLE _ - - Delete-TITLE WEIBEL, MARK NAME NAME STREET ADDRESS 890 REEF ROAD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP VERO BEACH, FL 32963 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 accordate 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

FILED

Mar 17, 2004 8:00 am

\2004 FOR PROFIT CORPORATION

DOCUMENT # P02000091700 1. Entity Name NEWLEAD INCORPORATED					14000279			
Principal Place of Business 1605 19TH PLACE VERO BEACH, FL 32960 Mailing Address POST OFFICE BOX 4258 VERO BEACH, FL 32964								
•	ace of Business 20TH PLACE	3. Mailing Address		,				
Suite, Apt.		Suite, Apt. #, etc.			01292004	Chg-P	CR2E034 (10/03)	
City & State	BEACH, FL	City & State			4. FEI Numbe 04-370			plied For t Applicable
329E		Zip	Country	-		of Status Desired	\$8.75 Add Fee Required	itional i
	6. Name and Address of Current	Registered Agent	Name		7. Name and	Address of New Ro	egistered Agent	_
WEIBEL, MARK 1605 19TH PLACE VERO BEACH, FL 32960				Street Address (P.O. Box Number is Not Acceptable)				
-			City				FL Zip Code	<u>. </u>
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered office or	r register	ed agent, or bot	h, in the State of Flo	rida. I am familiar with,	and accept
SIGNATURE	Signature, lyped or printed name of registered agen	and title if applicable. (NOT	E: Registered Agent signat	ure required	when reinstating)		DATE	
FIL After Ma	E NOWIII FEE IS \$150.00 ny 1, 2004 Fee will be \$550.	9. Election Campa Trust Fund Cont		\$5. Add	00 May Be ed to Fees	·	·	
10.	OFFICERS AND	DIRECTORS	11.				ICERS AND DIRECTORS	S IN 11
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TITLE	GOO	☐ Detete	TITLE	PRI	ETEOB/	-	Change	Addition
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TITLE NAME	VP		7177.5					
ł	IWEIREI MADK		TITLE	ļ		•	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	WEIBEL, MARK 890 REEF ROAD VERO BEACH, FL 32963		NAME STREET ADDRESS CITY-ST-ZIP			•	☐ Change	Addition
CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE				☐ Change	Addition
CITY-ST-ZIP	890 REEF ROAD		NAME STREET ADDRESS CITY-ST-ZIP			•		<u>.</u>
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied without this report or supplemental report por ation or the receiver or trustee empty, or on an attachment with an address	☐ Delete ☐ Delete ☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ited in Se ave the apter 607	ection 119.07(3)(same legal effec 7, Florida Statute	i), Florida Statutes. It as if made under o s; and that my name	☐ Change	Addition Addition