

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90017 022 \*\*\*150.00

**DOCUMENT # P02000091700**



1. Entity Name  
**NEWLEAD INCORPORATED**

Principal Place of Business  
**1605 19TH PLACE**  
**VERO BEACH, FL 32960**

Mailing Address  
**POST OFFICE BOX 4258**  
**VERO BEACH, FL 32964**

**14000279**



2. Principal Place of Business  
**1054 20TH PLACE**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01292004 Chg-P CR2E034 (10/03)

City & State  
**VERO BEACH, FL**  
Zip  
**32960**

City & State  
Country

4. FEI Number  
**04-3709201**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WEIBEL, MARK**  
**1605 19TH PLACE**  
**VERO BEACH, FL 32960**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **CEO** ☐ Delete  
NAME **KOONTZ, AJ**  
STREET ADDRESS **2245 ST CHRISTOPHER LANE**  
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE **GOO** ☐ Delete  
NAME **OLMSTEAD, VINNY**  
STREET ADDRESS **1124 INDIAN MOUND TRAIL**  
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE **VP** ☐ Delete  
NAME **WEIBEL, MARK**  
STREET ADDRESS **890 REEF ROAD**  
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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 #

# Attachment

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

14000279

DOCUMENT # P02000091700	
1. Entity Name NEWLEAD INCORPORATED	

Principal Place of Business 1605 19TH PLACE VERO BEACH, FL 32960	Mailing Address POST OFFICE BOX 4258 VERO BEACH, FL 32964
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2. Principal Place of Business 1054 20TH PLACE Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State VERO BEACH, FL	City & State
Zip 32960	Country



01292004 Chg-P CR2E034 (10/03)

4. FEI Number 04-3709201	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 WEIBEL, MARK 1605 19TH PLACE VERO BEACH, FL 32960	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>CEO</del> KOONTZ, AJ 2245 ST CHRISTOPHER LANE VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>GOO</del> OLMSTEAD, VINNY 1124 INDIAN MOUND TRAIL VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEIBEL, MARK 890 REEF ROAD VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #