

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90016 032 ***150.00

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1. Entity Name
NEWLINE CREATIONS INC.



Principal Place of Business
442 FERN MEADOW LOOP
OCOE, FL 34761

Mailing Address
442 FERN MEADOW LOOP
OCOE, FL 34761

94018619

2. Principal Place of Business

11631 FOXGLOVE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

11631 FOXGLOVE DRIVE

Suite, Apt. #, etc.



02172004

Chg-P

CR2E034 (10/03)

City & State

CLERMONT, FL

City & State

CLERMONT, FL

4. FEI Number

81-0594576

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'CONNOR, FRANK C
442 FERN MEADOW LOOP
OCOE, FL 34761

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 P ☐ Delete
NAME O'CONNOR, FRANK C
STREET ADDRESS 442 FERN MEADOW LOOP
CITY-ST-ZIP OCOEE, FL 34761

TITLE VP ☐ Delete
NAME O'CONNOR, CAROLYN M
STREET ADDRESS 442 FERN MEADOW LOOP
CITY-ST-ZIP OCOEE, FL 34761

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS 11631 FOXGLOVE DRIVE
CITY-ST-ZIP CLERMONT, FL 34711

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 11631 FOXGLOVE DRIVE
CITY-ST-ZIP CLERMONT, FL 34711

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

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

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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:

Carolyn M. O'Connor (CAROLYN M. O'CONNOR) 2/17/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-238-8855