

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90104 047 \*\*\*150.00

<b>DOCUMENT # P03000034365</b>					
<b>1. Entity Name</b> GREG NEWITT, INC.					
<b>Principal Place of Business</b> 10820 S.E. BOW LANE HOBE SOUND, FL 33455			<b>Mailing Address</b> 10820 S.E. BOW LANE HOBE SOUND, FL 33455		
<b>2. Principal Place of Business</b> 3260 HIGHWAY 441 SOUTH Suite, Apt. #, etc.			<b>3. Mailing Address</b> 3260 HIGHWAY 441 SOUTH Suite, Apt. #, etc.		
<b>City &amp; State</b> OKEECHOBEE FL		<b>City &amp; State</b> OKEECHOBEE FL		<b>4. FEI Number</b> 11-3680616	
<b>Zip</b> 34974		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> NEWITT, GRGE 10820 S.E. BOW LANE HOBE SOUND, FL 33455				<b>7. Name and Address of New Registered Agent</b> Name NEWITT, GREG Street Address (P.O. Box Number is Not Acceptable) 3260 HIGHWAY 441 SOUTH City OKEECHOBEE FL Zip Code 34974	
<b>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.</b> SIGNATURE: <u>GREG E. NEWITT</u> DATE: <u>3/13/05</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD	<b>NAME</b> NEWITT, GREG		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 10820 S.E. BOW LANE	<b>CITY-ST-ZIP</b> HOBE SOUND, FL 33455		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <u>GREG E. NEWITT</u>			DATE: <u>3/13/05</u> DAYTIME PHONE: <u>772-243-6202</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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