

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90108 042 \*\*\*158.75

DOCUMENT # P03000034365

1. Entity Name  
GREG NEWITT, INC.



Principal Place of Business  
~~3260 HWY 441 S~~  
OKEECHOBEE, FL 34974

Mailing Address  
~~3260 HWY 441 S~~  
OKEECHOBEE, FL 34974

50013759



2. Principal Place of Business  
2808 SE. 27TH AVE

3. Mailing Address  
2808 SE. 27TH AVE

Suite, Apt. #, etc.  
OKEECHOBEE

Suite, Apt. #, etc.

04082006 Chg-P CR2E034 (11/05)

City & State  
FL

City & State  
OKEECHOBEE FL

4. FEI Number  
11-3680616

Applied For  
Not Applicable

Zip  
34974

Country  
OKEECHOBEE

Zip  
34974

Country  
OKEECHOBEE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWITT, GREG  
3260 HWY 441 S  
OKEECHOBEE, FL 34974  
NEWITT, GREG  
2808 SE. 27TH AVE  
OKEECHOBEE FL  
34974

Name  
NEWITT, GREG  
Street Address (P.O. Box Number is Not Acceptable)  
~~3260 HWY 441 SOUTH~~  
2808 SE. 27TH AVE  
City  
OKEECHOBEE FL Zip Code  
34974

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
NEWITT, GREG  
~~3260 HWY 441 S~~ 2808 SE 27TH AVE  
OKEECHOBEE, FL 34974

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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:

GREG NEWITT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/06  
Date

772-263-6202  
Daytime Phone #