

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

Alt Inc

130-60190.00

150

DOCUMENT # P03000081264

1. Entity Name
NEWPORT HOMES, INC.



Principal Place of Business
3579 S ACCESS ROAD, SUITE L
ENGLEWOOD, FL 34224

Mailing Address
3579 S ACCESS ROAD, SUITE L
ENGLEWOOD, FL 34224

FILED

06 APR 19 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEE Number
20-8796514 **56-2385351** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

NEWELL, DARRYL A
3579 S ACCESS ROAD, SUITE L
ENGLEWOOD, FL 34224

**DO NOT WRITE
IN THIS SPACE**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR NEWELL, DARRYL A 3579 S ACCESS ROAD, SUITE L ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR PORTER, WILLIAM S 3579 S ACCESS ROAD, SUITE L ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEWELL, DARRYL A 3579 S. ACCESS RD STE L ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PORTER, WILLIAM S 3579 S. ACCESS RD STE L ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T PORTER, SHERRY L 3579 S. ACCESS RD STE L ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

Handwritten signature

500071271735
04/21/06--01018--003 **350.00

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-06

Date

941-474-9523

Daytime Phone #