

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90037 040 ***150.00

DOCUMENT # P03000091530

1. Entity Name
NEW PATH ENTERPRISES, INC.



Principal Place of Business
19 N. BLVD. OF THE PRESIDENTS
SUITE 414
SARASOTA, FL 34236

Mailing Address
19 N. BLVD. OF THE PRESIDENTS
SUITE 414
SARASOTA, FL 34236

20064561



2. Principal Place of Business
2007 PASS-A-GRUEWAY
Suite, Apt. #, etc.

3. Mailing Address
2007 PASS-A-GRUEWAY
Suite, Apt. #, etc.

07122005 Chg-P CR2E034 (10/03)

City & State
St. Pete BEACH
Zip FL
Country 33706

City & State
St. Pete BEACH
Zip FL
Country 33706

4. FEI Number
65-1201570
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VOIGT, STEPHEN F
2042 BEE RIDGE ROAD
SARASOTA, FL 34239

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
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PT
NAME WAREHAM, ROBERT
STREET ADDRESS 19 N. BLVD. OF THE PRESIDENTS, SUITE 414
CITY-ST-ZIP SARASOTA, FL 34236

TITLE VS
NAME STEINBERG, JONATHAN
STREET ADDRESS 1734 BAMBOO LANE
CITY-ST-ZIP SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 6279 SUN BLVD. # 106
CITY-ST-ZIP ST. PETERSBURG, FL 33715

TITLE
NAME
STREET ADDRESS 527-8th ST. N. # 10
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 #

JONATHAN STEINBERG

7/12/05

727-360-3706