

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 08:00 A
Secretary of State

DOCUMENT # P03000118604

1. Entity Name
**NEWBOLD ELECTRIC CONSTRUCTION,
INCORPORATED**



Principal Place of Business
**6983 SE 85 LANE
OCALA, FL 34472**

Mailing Address
**6983 SE 85 LANE
OCALA, FL 34472**



02032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0345079

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NEWBOLD, MICHAEL B
6983 SE 85 LANE
OCALA, FL 34472**

**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, 2008 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
NAME	NEWBOLD, MICHAEL B
STREET ADDRESS	6983 SE 85 LANE
CITY-ST-ZIP	OCALA, FL 34472
TITLE	V
NAME	NEWBOLD, BENJAMIN R
STREET ADDRESS	6783 SE 88 ST
CITY-ST-ZIP	OCALA, FL 34472
TITLE	ST
NAME	NEWBOLD, ELAINE
STREET ADDRESS	6983 SE 85 LANE
CITY-ST-ZIP	OCALA, FL 34472
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/15/08-80086-005 158.75

**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:

Michael B. Newbold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-08

Date

352-208-5654

Daytime Phone #