


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90008 010 ***150.00

DOCUMENT # P03000138041	
1. Entity Name NEWTON QUALITY PAINTING, INC.	

Principal Place of Business 1613 RAVENDALE DRIVE TAMPA, FL 33618	Mailing Address 1613 RAVENDALE DRIVE TAMPA, FL 33618
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2. Principal Place of Business 8202 N. Orleans ave	3. Mailing Address 8202 N. Orleans Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TAMPA FL	City & State TAMPA FL
Zip 33604	Country USA



09082004	Chg-P	CR2E034 (10/03)
4. FEI Number 412116442	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
 NEWTON, BRYAN L
 1613 RAVENDALE DRIVE
 TAMPA, FL 33618

Never received mail the address was 16113

7. Name and Address of New Registered Agent

Name: NEWTON, BRYAN L

Street Address (P.O. Box Number is Not Acceptable): 8202 N. Orleans Ave.

City: TAMPA FL Zip Code: 33604

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: *Bryan L Newton* President DATE: 9/7/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST NEWTON, BRYAN L 1613 RAVENDALE DRIVE TAMPA, FL 33618 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEWTON, JAMES S 8202 NORTH ORLEANS TAMPA, FL 33604 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOYLE, DONOVAN JUSTIN 1613 RAVENDALE DRIVE TAMPA, FL 33618 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST NEWTON, BRYAN L 8202 N. Orleans ave. TAMPA, FL 33604 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOYLE, DONOVAN J 7317 N. DARTMOUTH AVE TAMPA, FL 33604 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Bryan L Newton* DATE: 9/7/04 DAYTIME PHONE #: 813 363 9797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR