

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		
2. Principal Place of Business 8202 N. Orleans Ave Suite, Apt. #, etc.		3. Mailing Address 8202 N. Orleans Ave Suite, Apt. #, etc.			
City & State TAMPA FL		City & State TAMPA FL		4. FEI Number 412116442	
Zip 33604		Country USA		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 <i>Never received mail the address was 16113</i>			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: <i>Bryan L Newton</i> <i>President</i> DATE: 9/7/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PST NAME NEWTON, BRYAN L STREET ADDRESS 1613 RAVENDALE DRIVE CITY-ST-ZIP TAMPA, FL 33618	<input type="checkbox"/> Delete		TITLE PST NAME NEWTON, BRYAN L STREET ADDRESS 8202 N. Orleans Ave. CITY-ST-ZIP TAMPA, FL 33604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME NEWTON, JAMES S STREET ADDRESS 8202 NORTH ORLEANS CITY-ST-ZIP TAMPA, FL 33604	<input type="checkbox"/> Delete		TITLE NAME SAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME DOYLE, DONOVAN JUSTIN STREET ADDRESS 1613 RAVENDALE DRIVE CITY-ST-ZIP TAMPA, FL 33618	<input type="checkbox"/> Delete		TITLE S NAME DOYLE, DONOVAN J STREET ADDRESS 7317 N. DARTMOUTH AVE CITY-ST-ZIP TAMPA, FL 33604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		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"/> Delete		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: <i>Bryan L Newton</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 9/7/04 Daytime Phone #: 813 363 9797		