

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000138041

FILED  
Apr 07, 2005  
Secretary of State

Entity Name: NEWTON QUALITY PAINTING, INC.

## Current Principal Place of Business:

8202 N. ORLEANS AVE  
TAMPA, FL 33604

## New Principal Place of Business:

8202 NORTH ORLEANS AVE.  
TAMPA, FL 33604

## Current Mailing Address:

8202 N. ORLEANS AVE  
TAMPA, FL 33604

## New Mailing Address:

7317 NORTH DARTMOUTH AVE  
TAMPA, FL 33604

FEI Number: 41-2116442

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEWTON, BRYAN L  
8202 N. ORLENS L  
TAMPA, FL 33604 US

## Name and Address of New Registered Agent:

NEWTON, BRYAN L  
7317 NORTH DARTMOUTH AVE  
TAMPA, FL 33604 US

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.

SIGNATURE: BRYAN NEWTON

04/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: NEWTON, BRYAN L  
Address: 8202 N. ORLEANS AVE  
City-St-Zip: TAMPA, FL 33604

Title: VP ( ) Delete  
Name: NEWTON, JAMES S  
Address: 8202 NORTH ORLEANS  
City-St-Zip: TAMPA, FL 33604

Title: S ( ) Delete  
Name: DOYLE, DONOVAN J  
Address: 7117 N. DARKMOUTH AVE  
City-St-Zip: TAMPA, FL 33604

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: NEWTON, BRYAN L  
Address: 7317 NORTH DARTMOUTH AVE  
City-St-Zip: TAMPA, FL 33604

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: DOYLE, DONOVAN J  
Address: 7317 NORTH DARTMOUTH AVE  
City-St-Zip: TAMPA, FL 33604

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRYAN NEWTON

PST

04/07/2005

Electronic Signature of Signing Officer or Director

Date