2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000144271

LARRY C NEWBERN ENTERPRISES, INC.



Principal Place of Business

7777 TOWNSEND ROAD JACKSONVILLE, FL 32244 Mailing Address

7777 TOWNSEND ROAD JACKSONVILLE, FL 32244

FILED May 03, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 04252007 No Chg-P Applied For 4. FEI Number 20-0420337 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

COULTHURST, BARBARA 172 W MAIN STREET MAYO, FL 32066

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 primed name of registered agent and title if applicable (NOTE: Registered Agent aignature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Faes			
10.	OFFICERS AND DIREC	CTORS	I		
TITLE	PRES				
NAME	NEWBERN, LARRY C				
STREET ADDRESS	7777 TOWNSEND ROAD				
CITY-S1-ZIP	JACKSONVILLE, FL 32244		J		112000000000
TITLE	VP				U00000759128 05/24/07-80030-005 150.00
NAME	NEWBERN, LARRY C JR				05/24/07-80030-005 ISO.00
STREET ADDRESS	7055 JULIET LANE				
CITY-ST-ZIP	JACKSONVILLE, FL 32244				
TITLE					
NAME STREET ADDRESS			-		
CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME				IN	THIS SPACE
STREET ADDRESS					
CATY+ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-S1-ZIP					
TITLE					

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.

STREET ADDRESS CITY-SI-ZIP

904 537- 7326