

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000156075

1. Entity Name
NEWPORT FINANCIAL SERVICES, INC.



Principal Place of Business

300 INTERNATIONAL PARKWAY SUITE 270
HEATHROW, FL 32746

Mailing Address

300 INTERNATIONAL PARKWAY SUITE 270
HEATHROW, FL 32746



04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0518627

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CAHALL, PETER S
300 INTERNATIONAL PKWY #270
LAKE MARY, FL 32746

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME CAHALL, PETER S
STREET ADDRESS 300 INTERNATIONAL PARKWAY SUITE 270
CITY-ST-ZIP HEATHROW, FL 32746

TITLE D
NAME CAMPISI, JAMES M
STREET ADDRESS 300 INTERNATIONAL PARKWAY SUITE 270
CITY-ST-ZIP HEATHROW, FL 32746

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05/16/06-80044-012 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M Campisi

4/26/06

(407)333-2905

Date

Daytime Phone #