
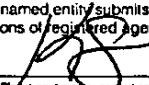
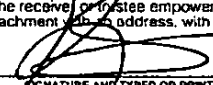


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Aug 04, 2005 8:00 am
Secretary of State

07-08-2005 90020 005 ***150.00

DOCUMENT # P04000016876			
1. Entity Name KELLY NEWTON, PA			
Principal Place of Business 129 GRAND BEACH PLACE TAMPA, FL 33609 US		Mailing Address 129 GRAND BEACH PLACE TAMPA, FL 33609 US	
2. Principal Place of Business 2203 N. LOIS Avenue Suite, Apt. #, etc. m500 City & State Tampa, FL Zip 33607 Country US		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
		07012005 Chg-P CR2E034 (10/03)	
		4. FEI Number 75-3144154 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SARRIS, JOHN 129 GRAND BEACH PLACE TAMPA, FL 33609		7. Name and Address of New Registered Agent Name Kelly Sarris Street Address (P.O. Box Number is Not Acceptable) 2203 N. LOIS Ave City Tampa FL Zip Code 33607	
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  Kelly Sarris President DATE 7/1/05 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	P NEWTON, KELLY 129 GRAND BEACH PLACE TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kelly Newton 2203 N. LOIS Ave m500 Tampa, FL 33607 <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	Y John Sarris 2203 N. LOIS Ave m500 Tampa, FL 33607 <input type="checkbox"/> Change <input checked="" 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
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: 		7/1/05 3213038867	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

**ATTACHMENT**
Division of Corporations

66025450

Annual Report**Annual Report Help**

Document Number

P04000016876

Business Entity Name

KELLY NEWTON, PA

☐ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No**Principal Place of Business**

Address

129 GRAND BEACH PLACE

Suite, Apt. #, etc.

City, State

TAMPA

, FL

Zip Code & Country

33609

US

Mailing Address

Address

129 GRAND BEACH PLACE

Suite, Apt. #, etc.

City, State

TAMPA

, FL

Zip Code & Country

33609

US

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

SARRIS

JOHN

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 129 GRAND BEACH PLACE

Suite, Apt. #, etc.

City, State

TAMPA

, FL

Zip Code & Country

33609

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of

I tried to
call to
discuss this
but no one is
EVER
Available.

66025480

registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title P
Name (Last, First, Middle, Title) NEWTON, KELLY, ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 129 GRAND BEACH PLACE

City, State TAMPA, FL

Zip Code & Country 33609

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title
Name (Last, First, Middle, Title)

- OR -

ATTACHMENT

66025450

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

Reset

Start Over