

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000064276

Entity Name: NEWT PARKER INC

FILED
Feb 25, 2005
Secretary of State

Current Principal Place of Business:

PO BOX 508
PANACEA, FL 32346

New Principal Place of Business:

PO BOX 596
FREEPORT, FL 32439

Current Mailing Address:

PO BOX 508
PANACEA, FL 32346

New Mailing Address:

PO BOX 596
FREEPORT, FL 32439

FEI Number: 20-1037744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENFIELD, RON
58 SIOUX CIR
HAVANA, FL 32333 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PARKER, MAXIE
Address: PO BOX 508
City-St-Zip: PANACEA, FL 32346

Title: V (X) Delete
Name: RUTLAND, GRANT
Address: PO BOX 508
City-St-Zip: PANACEA, FL 32346

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PARKER, MAXIE
Address: PO BOX 596
City-St-Zip: FREEPORT, FL 32439

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

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: MAXIE N. PARKER

PRES

02/25/2005

Electronic Signature of Signing Officer or Director

Date