

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90409 041 \*\*\*150.00

**DOCUMENT # P05000048986**

1. Entity Name  
**AURORA INNOVATIONS, INC.**



Principal Place of Business  
**P.O. BOX 10435  
LARGO, FL 33773**

Mailing Address  
**P.O. BOX 10435  
LARGO, FL 33773**

**50008534**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02112006 Chg-P CR2E034 (11/05)

4. FEI Number

**20-2629095**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VAN NEWTON, RICHARD  
3644 14TH AVENUE SE  
LARGO, FL 33771**

Name **VAN NEWTON, RICHARD**

Street Address (P.O. Box Number is Not Acceptable)  
**809 Glen Oak Ave E**

City **Clearwater**

**FL**

Zip Code  
**33759**

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

*Richard Van Newton*  
Signature, typed or printed name of registered agent and title if applicable.

*Richard Van Newton*  
(NOTE: Registered Agent signature required when reinstating)

*3/29/06*  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **D VAN NEWTON, RICHARD** ☐ Delete  
STREET ADDRESS **3644 14TH AVENUE SE**  
CITY-ST-ZIP **LARGO, FL 33771**

TITLE  
NAME **VAN NEWTON, Richard** ☒ Change ☐ Addition  
STREET ADDRESS **809 Glen Oak Ave E**  
CITY-ST-ZIP **Clearwater, FL 33759**

TITLE  
NAME **D BECKS, JOSEPH S** ☐ Delete  
STREET ADDRESS **8199 48TH AVENUE N #B**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33709**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **D ABERNATHY, CHARLES E** ☐ Delete  
STREET ADDRESS **1416 LIME STREET**  
CITY-ST-ZIP **CLEARWATER, FL 33756**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **D GREEN, JEFFREY** ☐ Delete  
STREET ADDRESS **9297 84TH STREET NORTH**  
CITY-ST-ZIP **LARGO, FL 33777**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Richard Van Newton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Richard Van Newton*

*3/29/06 (727) 418-6539*  
Date Daytime Phone #