

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000067875

Entity Name: NEWHAVEN UNLIMITED, INC.

FILED
Mar 01, 2008
Secretary of State

Current Principal Place of Business:

950 N MAIN STREET
BUSHNELL, FL 33513 US

New Principal Place of Business:

Current Mailing Address:

950 N MAIN STREET
BUSHNELL, FL 33513 US

New Mailing Address:

FEI Number: 76-0791900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWCOMB, DEANNA H
2980 S. US 301
BUSHNELL, FL 33513 US

Name and Address of New Registered Agent:

HAVENS, CHEREE M
4410 S US HWY 301
BUSHNELL, FL 33513 US

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: CHEREE M HAVENS

03/01/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NEWCOMB, DEANNA H
Address: 2980 S. US 301
City-St-Zip: BUSHNELL, FL 33513

Title: D () Delete
Name: HAVENS, CHEREE M
Address: P.O. BOX 462
City-St-Zip: BUSHNELL, FL 33513

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HAVENS, CHEREE M
Address: P.O. BOX 462
City-St-Zip: BUSHNELL, FL 33513

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CHEREE M HAVENS

DPST

03/01/2008

Electronic Signature of Signing Officer or Director

Date