

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000103322

Entity Name: AMY L NEWSOM INC

FILED
Jul 05, 2008
Secretary of State

Current Principal Place of Business:

31350 INDIANOLA DRIVE
LEESBURG, FL 34748

New Principal Place of Business:

66 SHAPPHIRE LANE
LEESBURG, FL 34748

Current Mailing Address:

31350 INDIANOLA DRIVE
LEESBURG, FL 34748

New Mailing Address:

66 SHAPPHIRE LANE
LEESBURG, FL 34748

FEI Number: 20-3194137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWSOM, AMY L
31350 INDIANOLA DRIVE
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

NEWSOM, AMY L
66 SAPPPIRE LANE
LEESBURG, FL 34748 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:

07/05/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NEWSOM, AMY L
Address: 31350 INDIANOLA DRIVE
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NEWSOM, AMY L
Address: 66 SHAPPHIRE LANE
City-St-Zip: LEESBURG, FL 34748

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: AMY NEWSOM

PRES

07/05/2008

Electronic Signature of Signing Officer or Director

Date