

FILED
Jan 23, 2008 08:00 AM
Secretary of State

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000136775

1. Entity Name
NEWCO USA, CORP



Principal Place of Business
8297 CHAMPIONS GATE BLVD
#363
CHAMPIONS GATE, FL 33896 US

Mailing Address
8297 CHAMPIONS GATE BLVD
#363
CHAMPIONS GATE, FL 33896 US



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-4548085

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HEXAGON INTERNATIONAL, INC
8297 CHAMPIONS GATE BLVD
#200
CHAMPIONS GATE, FL 33896

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PT
NAME BYCROFT, ANTHONY R
STREET ADDRESS 8297 CHAMPIONS GATE BLVD #363
CITY-ST-ZIP CHAMPIONS GATE, FL 33896

TITLE VS
NAME BYCROFT, CHRISTINE
STREET ADDRESS 8297 CHAMPIONS GATE BLVD #363
CITY-ST-ZIP CHAMPIONS GATE, FL 33896

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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:

A. R. BYCROFT
A. R. BYCROFT

1/17/08

407 557 0963

**DO NOT WRITE
IN THIS SPACE**

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01/24/08-80008-010 150.00