


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Aug 24, 2007 8:00 am**  
**Secretary of State**

08-24-2007 90025 015 \*\*\*150.00

<b>DOCUMENT # P05000140635</b> 1. Entity Name <b>NEW PROVIDENCE LIMITED CORPORATION</b>	
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Principal Place of Business <b>3 CATALINA DR. GREAT NECK, NY 11024</b>	Mailing Address <b>3 CATALINA DR. GREAT NECK, NY 11024</b>
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**DO NOT WRITE IN THIS SPACE**

40130174  
  
02132007 No Chg-P CR2E034 (11/05)  
4. FEI Number  
**20-3638420**  
Applied For  
☐ Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**MCLEAN, RONALD K  
3729 MILL VIEW CT.  
ORANGE PARK, FL 32065**

**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.

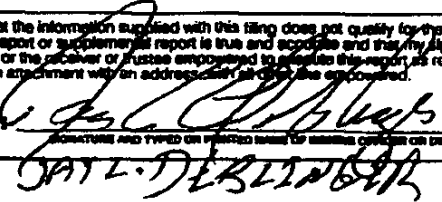
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE \_\_\_\_\_

<b>FILE MONTHLY FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$650.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> may be Added to Fee.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCLEAN, RONALD K 3729 MILL VIEW CT. ORANGE PARK, FL 32065</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C DENLINGER, JAY L 3 CATALINA DR. GREAT NECK, NY 11024</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 prepare 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 and title of the corporation.

SIGNATURE  14 FEB '07 516-220-3007  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone

**Bank of America** 

ATTACHMENT

40130174

# P05000140635

## Online Banking

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### Check Image – Front and Back

**Posting Date: 01/23/2007**

**Check #: 2006**

**Amount: \$150.00**

**Reference: 85940024157**

**Account: DDA-2661**

**Nickname:**

[illegible]

PAY TO THE CASHIER OF  
 THE  
 DEPARTMENT OF  
 STATE TREASURER OF FLORIDA  
 REVENUE AND POLICE DEPARTMENT  
 FIDELITY AND SURETY COMPANY  
 NO. 1001 N. W. 10th Avenue, Miami, Florida  
 2157 06348

MAY 23 1967  
 5940074157

① INFORMATION ON THIS FORM  
 MAY BE USED FOR  
 1. IDENTIFICATION  
 2. RECORDS  
 3. STATISTICS  
 4. RESEARCH  
 5. TRAINING  
 6. EDUCATION  
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 8. RESEARCH  
 9. RESEARCH  
 10. RESEARCH

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**Return to Account Activity**

ATTACHMENT  
40130174

## Memorandum

**To:** Division of Corporation, State of Florida, PO Box 6327, Tallahassee, Florida 32314  
**CC:**  
**From:** New Providence Limited Corporation  
**Date:** 8/20/2007  
**Re:** Document # P05000140635

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With regard to the 2007 annual report/uniform business report we received your attached February 28, 2007 letter wherein you indicated that the report had been filed but you were returning it since the filing fee had not been paid.

We in turn sent back in and around March 17, 2007 this form with the indicated note and a copy of the cancelled check.

Upon recently receiving your post card concerning a notice of intent to dissolve, I spoke to Kathy at your office, (850-245-6056), as to why this notice had been sent.

She explained to me our error, whereas the check we sent you and thought it was the 2007 annual report was really for the \$150 towards the Florida Department of Business Regulations.

Kathy asked if subsequent to our forwarding these documents to you, did we ever receive a March 2007 notice of rejection of our filings. Which we did not.

Under these circumstances New Providence Limited Corporation is respectfully asking for a cancellation of any penalties for this late filing fee.

Thus attached herewith is a check for \$150 made out to Florida Department of State to cover the cost of this filing.

Thank you for understanding and assistance in this request.

Jay L. Deblinger, New Providence Limited Corp., 3 Catalina Drive, Great Neck, New York 11024 (516-330-3007)



ATTACHMENT

40130174

FLORIDA DEPARTMENT OF STATE

Division of Corporations

February 28, 2007

NEW PROVIDENCE LIMITED CORPORATION  
3 CATALINA DR.  
GREAT NECK, NY 11024

Subject: NEW PROVIDENCE LIMITED CORPORATION

Reference Number: P05000140635

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter. 6327- 32314-

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/AR

ANNUAL REPORTS SECTION