
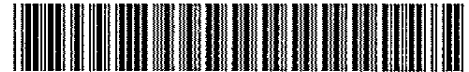


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P17310					
1. Entity Name NEWSBANK, INC.					
Principal Place of Business 58 PINE STREET NEW CANAAN CT 06840			Mailing Address 4501 TAMIAMI TRAIL NORTH, STE 316 NAPLES FL 34103 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JONES, DANIEL S 4501 TAMIAMI TRAIL NORTH, STE. 316 NAPLES FL 34103				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, DANIEL S.			NAME	
STREET ADDRESS	4501 TAMIAMI TRAIL NORTH, STE. 316			STREET ADDRESS	
CITY- ST- ZIP	NAPLES FL 34103-3023			CITY- ST- ZIP	
TITLE	SV	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDOWELL, JOHN A			NAME	
STREET ADDRESS	4501 TAMIAMI TRAIL NORTH, STE. 316			STREET ADDRESS	
CITY- ST- ZIP	NAPLES FL 34103-3023			CITY- ST- ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, SUSAN G			NAME	
STREET ADDRESS	4501 TAMIAMI TRAIL NORTH, STE. 316			STREET ADDRESS	
CITY- ST- ZIP	NAPLES FL 34103-3023			CITY- ST- ZIP	
TITLE	EV	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, MICHAEL G			NAME	
STREET ADDRESS	397 MAIN STREET			STREET ADDRESS	
CITY- ST- ZIP	CHESTER VT 05143			CITY- ST- ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	



1st MOORE CR2E034 (10/04)

4. FEI Number **06-1084869** Applied For ☐ Not Applicable

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

000000328104
04/25/05-80066-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-05 239-263-6004
Date Daytime Phone #