

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90225 009 ***150.00

DOCUMENT # P93000056122
 1. Entity Name
 NEWTON & HARRINGTON, INC.



Principal Place of Business Mailing Address
~~1100 CORNELL DR.~~ ~~1100 CORNELL DR.~~
 SANFORD, FL 32771 US SANFORD, FL 32771 US



04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-3198618 Not Applicable

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

6. Name and Address of Current Registered Agent
 NEWTON, STANLEY L
 1100 CORNELL DR.
 SANFORD, FL 32771

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: *LEE D. HARRINGTON VP* *Stanley L. Newton* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HARRINGTON, LEE D 249 BUENA VISTA DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NEWTON, STANLEY L 1100 CORNELL DR. SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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: *LEE D. HARRINGTON VP* *Stanley L. Newton* 4/30/04 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment
2/10/04



Division of Corporations

Annual Report

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Document Number
P93000056122
Business Entity Name

NEWTON & HARRINGTON, INC.

FEI Number 59319861E
FEI Number Status Applied For Not Applicable Current
Certificate of Status Desired Yes No

Principal Place of Business

Address 2076 ROCKY HILL DRIVE
Suite, Apt. #, etc.
City, State DEBARY FL
Zip Code & Country 32713 US

Mailing Address

Address 2076 ROCKY HILL DRIVE
Suite, Apt. #, etc.
City, State DEBARY FL
Zip Code & Country 32713 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title) HARRINGTON, LEE, D.
-or- RA Business Name
Address 1100249 BUENA VISTA
Suite, Apt. #, etc.
City, State DEBARY FL
Zip Code & Country 32713 US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Attachment
241070240
#P3000556122

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

List more than six Officers/Directors No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title *VP*

Officer/Director Signature *[Handwritten Signature]*

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