


**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.	
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Principal Place of Business 1100 CORNELL DR. SANFORD, FL 32771 US	Mailing Address 1100 CORNELL DR. SANFORD, FL 32771 US
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04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3198618	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NEWTON, STANLEY L 1100 CORNELL DR. SANFORD, FL 32771
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**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: <i>LEE D. HARRINGTON VP</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<i>Lee D. Harrington</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>
DATE	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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: <i>LEE D. HARRINGTON VP</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>Lee D. Harrington</i> <small>Date</small> 4/30/04 <small>Daytime Phone #</small>



Division of Corporations

Annual Report

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Document Number

P93000056122

Business Entity Name

NEWTON & HARRINGTON, INC.

FEI Number

593198618

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate 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
24070240
#P300056122

Street Address	<input type="text"/>
City, State	<input type="text"/>
Zip Code & Country	<input type="text"/>
Title	<input type="text"/>
Name (Last, First, Middle, Title)	<input type="text"/>
-or- Entity Name	<input type="text"/>
Street Address	<input type="text"/>
City, State	<input type="text"/>
Zip Code & Country	<input type="text"/>
Title	<input type="text"/>
Name (Last, First, Middle, Title)	<input type="text"/>
-or- Entity Name	<input type="text"/>
Street Address	<input type="text"/>
City, State	<input type="text"/>
Zip Code & Country	<input type="text"/>

☐ 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

Officer/Director Signature

Continue

Reset

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