


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90004 023 ***150.00

DOCUMENT # P93000056122 1. Entity Name NEWTON & HARRINGTON, INC.	
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Principal Place of Business 249 BUENA VISTA ST. DEBARY, FL 32713 US	Mailing Address 249 BUENA VISTA ST. DEBARY, FL 32713 US
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02062007 No Chg-P CR2E034 (11/05)

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

HARRINGTON, LEED
249 BUENA VISTA ST.
DEBARY, FL 32713

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	PT HARRINGTON, LEE D 249 BUENA VISTA St. DEBARY, FL 32713
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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: Lee D. Harrington LEE D. HARRINGTON 2-19-07 407-462-8434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #