

2007 FOR PROFIT CORPORATE ANNUAL REPORT (AR)

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000002411

1. Entity Name

NEWTON'S WELL DRILLING, INC.



Principal Place of Business

980 S. PALM AVENUE
HOMOSASSA FL 34448

Mailing Address

980 S. PALM AVENUE
HOMOSASSA FL 34448



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number

59-3356005

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWTON, CRAIG N
980 S. PALM AVENUE
HOMOSASSA FL 34448

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

D
NEWTON, CRAIG N
980 S. PALM AVENUE
HOMOSASSA FL 34448

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

000000628091
02/16/07-80001-008 150.00

☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Craig N Newton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 5/07 350-795-3951

Date

Daytime Phone #