

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90286 016 ***158.75

DOCUMENT # P97000078244 1. Entity Name NEWTON ELECTRIC, INC. OF CENTRAL FLORIDA					
Principal Place of Business 10634 E COLONIAL DR. ORLANDO, FL 32817			Mailing Address 10634 E. COLONIA DR. ORLANDO, FL 32817		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3466492	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NEWTON, FRED 10626 EAST COLONIAL DRIVE ORLANDO, FL 32817				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10634 E. Colonial Dr. City Orl. FL Zip Code 32817	
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 \$550.00 Due by September 7, 2005			9. Election Campaign Financing <input type="checkbox"/> \$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	PD NEWTON, FRED 10626 EAST COLONIAL DRIVE ORLANDO, FL 32817		TITLE NAME STREET ADDRESS CITY-ST-ZIP	10634 E. Colonial Dr. Orl., FL 32817	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NEWTON, SANDY 10626 EAST COLONIAL DRIVE ORLANDO, FL 32817		TITLE NAME STREET ADDRESS CITY-ST-ZIP	10634 E. Colonial Dr. Orl., FL 32817	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 the empowered.					
SIGNATURE: <i>Sandy Newton</i> <i>Sandy Newton</i> <i>5/6/05</i> <i>407-277-1719</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					