

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000011729

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: NEWBY, INC.

## Current Principal Place of Business:

4344 PHILLIPS HWY  
JACKSONVILLE, FL 32207 US

## New Principal Place of Business:

## Current Mailing Address:

4344 PHILLIPS HWY  
JACKSONVILLE, FL 32207 US

## New Mailing Address:

FEI Number: 59-3498576

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLOWERS, CHRISTIAN  
168 GOVENORS RD  
PONTE VEDRA BEACH, FL 32082 US

## Name and Address of New Registered Agent:

FLOWERS, CHRISTIAN  
4344 PHILLIPS HWY  
JACKSONVILLE, FL 32207 US

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.

SIGNATURE: CHIRSTIAN FLOWERS

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FLOWERS, CHRISTIAN J  
Address: 168 GOVENORS RD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete  
Name: FLOWERS, GEORGE  
Address: 2202 VINSEN LN  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete  
Name: FLOWERS, SONIA  
Address: 168 GOVENORS RD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTIAN FLOWERS

D

04/29/2004

Electronic Signature of Signing Officer or Director

Date