

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 07, 2007 08:00 AM
Secretary of State**

DOCUMENT # P98000020464

1. Entity Name
NEWTEK MANUFACTURING, INCORPORATED



Principal Place of Business
**1242 LAKEVIEW DRIVE
ROCKLEDGE, FL 32955**

Mailing Address
**1242 LAKEVIEW DRIVE
ROCKLEDGE, FL 32955**



02012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3504069	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

**HOLZBERGER, DONALD KENNETH
1242 LAKEVIEW DRIVE
ROCKLEDGE, FL 32955**

**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 _____

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOLZBERGER, DONALD KENNETH
STREET ADDRESS	1242 LAKEVIEW DRIVE
CITY-ST-ZIP	ROCKLEDGE, FL 32955

TITLE	D
NAME	HOLZBERGER, CYNTHIA KAY
STREET ADDRESS	1242 LAKEVIEW DRIVE
CITY-ST-ZIP	ROCKLEDGE, FL 32955

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/14/07-80053-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-07 3216327393
Date Daytime Phone #