

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000104447

FILED  
Apr 14, 2011  
Secretary of State

**Entity Name:** CLIFFORD B. NEWTON, P.A.

**Current Principal Place of Business:**

10192 SAN JOSE BLVD  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

10192 SAN JOSE BLVD  
JACKSONVILLE, FL 32257

**New Mailing Address:**

**FEI Number:** 59-3548888      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEWTON, CLIFFORD B  
10192 SAN JOSE BLVD  
JACKSONVILLE, FL 32257      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: NEWTON, CLIFFORD B  
Address: 12520 MANDARIN ROAD  
City-St-Zip: JACKSONVILLE, FL 32223

Title: DVP  
Name: NEWTON, BRENT R  
Address: 10192 SAN JOSE BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32257

Title: ST  
Name: SPENCER, WAYNE K SR.  
Address: 10192 SAN JOSE BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32257

I hereby 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 all other like empowered.

SIGNATURE: CLIFFORD B. NEWTON

PRES

04/14/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date