


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # S34891 1. Entity Name MCNEW DEVELOPMENT CO., INC.	
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Principal Place of Business 5571 HALIFAX AVE. FT. MYERS, FL 33912	Mailing Address 5571 HALIFAX AVE. FT. MYERS, FL 33912
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0244385	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NOLAND, JOHN A. 1715 MONROE ST FT. MYERS, FL 33901

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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 \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000182631 01/19/05-80035-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HARPER, DANIEL R. 5571 HALIFAX AVE FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP MCNEW, QUINTON B. 5571 HALIFAX AVE FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT INGE, RONALD E. 5571 HALIFAX AVE., #613 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROZA, DENIS J. 14860 SIX MILE CYPRESS FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 like empowered

SIGNATURE: 	<i>Dennis J. Roza</i>	1/13/05	232-754-4222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #