

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # V01163

1. Entity Name
NEWARK PETROLEUM COMPANY, INC.



Principal Place of Business
7898 LAINA LANE
UNIT # 4
BOYNTON BEACH, FL 33437

Mailing Address
7898 LAINA LANE
UNIT # 4
BOYNTON BEACH, FL 33437



03312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0309087

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRANZBLAU, AARON
7898 LAINA LANE
UNIT # 4
BOYNTON BEACH, FL 33437

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FRANZBLAU, AARON
STREET ADDRESS 7898 LAINA LANE # 4
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE SD
NAME FRANZBLAU, SARAH
STREET ADDRESS 7898 LAINA LANE # 4
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE D
NAME TARUTZ, ARLEEN D
STREET ADDRESS 18 VALLEY FORGE ROAD
CITY-ST-ZIP MORRIS PLAINS, NJ 07950

TITLE D
NAME CRAFT, JUDITH
STREET ADDRESS 4415 SHAGBARK COURT
CITY-ST-ZIP LEXINGTON, KY 40515

TITLE D
NAME KURTZ, SUSAN F
STREET ADDRESS 912B MERRITT DRIVE
CITY-ST-ZIP HILLSBOROUGH, NJ 08844

TITLE D
NAME FINN, RENEE
STREET ADDRESS 2 BARRY DRIVE
CITY-ST-ZIP FRAMINGHAM, MA 01701

000000905872
05/01/08-80059-020 150.00

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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

4/15/08

Date

561-736-2088

Daytime Phone #