

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V49653

FILED
Apr 18, 2008
Secretary of State

Entity Name: NEWBERN EXPRESS COMPANY, INC.

Current Principal Place of Business:

1604 CLEARLAKE RD
COCOA, FL 32926 US

New Principal Place of Business:

Current Mailing Address:

1800 S. HUNTINGTON LN
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 59-3134451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWBERN, THOMAS L.
1789 ROCKLEDGE DRIVE
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

HOPE NEWBERN BOYD
1800 SOUTH HUNTINGTON LN
ROCKLEDGE, FL 32955 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: HOPE NEWBERN BOYD

04/18/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: NEWBERN, THOMAS L.,
Address: 1789 ROCKLEDGE DR.
City-St-Zip: ROCKLEDGE, FL

Title: DST () Delete
Name: NEWBERN, MARGUERITE, W.
Address: 1789 ROCKLEDGE DR.
City-St-Zip: ROCKLEDGE, FL

Title: VP () Delete
Name: BOYD, HOPE N
Address: 3575 JAMES RD
City-St-Zip: COCOA, FL 32926

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BOYD, HOPE NEWBERN,
Address: 4857 MERLOT DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: STD (X) Change () Addition
Name: NEWBERN, MARGUERITE, W.
Address: 1789 ROCKLEDGE DR.
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP (X) Change () Addition
Name: NEWBERN, THOMAS L SR
Address: 1789 ROCKLEDGE DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP () Change (X) Addition
Name: NEWBERN, THOMAS L JR
Address: 4841 AVACADO AVE
City-St-Zip: COCOA, FL 32927

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: HOPE NEWBERN BOYD

PD

04/18/2008

Electronic Signature of Signing Officer or Director

Date