

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000140507

Entity Name: NEILL PROPERTIES INC

FILED
Apr 28, 2007
Secretary of State

Current Principal Place of Business:

2927 N INDIAN RIVER DR
C/O BRYAN A NEILL
FT PIERCE, FL 34946

New Principal Place of Business:

Current Mailing Address:

2927 N INDIAN RIVER DR
C/O BRYAN A NEILL
FT PIERCE, FL 34946

New Mailing Address:

FEI Number: 57-1193162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEILL, BRYAN A
2927 N INDIAN RIVER DR
FT PIERCE, FL 34946 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NEILL, BRYAN A MR.
Address: 2927 N. INDIAN RIVER DRIVE
City-St-Zip: FORT PIERCE, FL 34946

Title: VP () Delete
Name: NEILL, STEPHEN G MR.
Address: 5913 BIRCH DRIVE
City-St-Zip: FT. PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEPHEN NEILL

O

04/28/2007

Electronic Signature of Signing Officer or Director

Date