

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000005928

FILED
Apr 29, 2005
Secretary of State

Entity Name: RALPH D. NEAL INSTALLATION & REPAIR, INC.

Current Principal Place of Business:

8 PINE TRACE
OCALA, FL 34472

New Principal Place of Business:

Current Mailing Address:

8 PINE TRACE
OCALA, FL 34472

New Mailing Address:

FEI Number: 77-0621402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEAL, RALPH D
8 PINE TRACE
OCALA, FL 34472 US

Name and Address of New Registered Agent:

PRO-COUNTING, INC.
10291 SW 39TH TERRACE
OCALA, FL 34476 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: HORACIO CARRENO

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: NEAL, RALPH D
Address: 8 PINE TRACE
City-St-Zip: OCALA, FL 34472

Title: VS (X) Delete
Name: NEAL, BONNIE L
Address: 8 PINE TRACE
City-St-Zip: OCALA, FL 34472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change () Addition
Name: NEAL, RALPH D
Address: 8 PINE TRACE
City-St-Zip: OCALA, FL 34472

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RALPH D NEAL

P, D

04/29/2005

Electronic Signature of Signing Officer or Director

Date