

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 221782 1. Entity Name MACNEILL GROUP, INC.	
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Principal Place of Business 1300 SAWGRASS CORP. PKWY. STE. 300 SUNRISE, FL 33323	Mailing Address PO BOX 45-9003 SUNRISE, FL 33345-9003
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04142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0861097	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BULLINGTON, DOUGLAS W 1300 SAWGRASS CORP. PKWY., STE. #300 SUNRISE, FL 33323	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	05/05/08-80018-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REIDLER, GLENNON J 1300 SAWGRASS CORP PKWY., STE. #300 SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALDES, LUIS C 1300 SAWGRASS CORP PKWY #300 SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GARCELL, CARIDAD 1300 SAWGRASS CORP PKWY #300 SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TROMER, KEVIN M 1300 SAWGRASS CORP PKWY #300 SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BULLINGTON, DOUGLAS W 1300 SAWGRASS CORP PKWY., STE. #300 SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOUTAR, JOHN H 1300 SAWGRASS CORP PKWY., STE. #300 SUNRISE, FL 33323

**DO NOT WRITE
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: Caridad Sanchez **4-14-08** **954-331-4812**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #