## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 303396** 

Name:

Address:

City-St-Zip:

MCNEILL, MARSHALL A

2177 OSPREY POINTE DR W

JACKSONVILLE, FL 32224

Entity Name: MC NEILL & SONS FLOORING INC

FILED Feb 03, 2009 Secretary of State

		e a conton accontinuo inte.			
Current Principal Place of Business:			New Principal Place of Business:		
	TH SAN PABLO VILLE, FL 322				
Current Mailing Address:			New Mailing Address:		
	TH SAN PABLO IVILLE, FL 322				
FEI Number	: 59-1119469	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
561 N SÁN JACKSON The above	e of Florida.	225 US	purpose of changing its registered	d office or registered agent, or both,	
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D ( ) MCNEIL, CHAR 561 SAN PABL JACKSONVILL	O ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PD ( MCNEIL, CHAR 561 SAN PABL JACKSONVILL	O ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title <sup>.</sup>	VP (	Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CHARLES MCNEILL JR PD 02/03/2009