2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 319549

1. Entity Name
NEFF'S FOXFIRE INN, INC.

Principal Place of Business	Mailing Address
630 KIRSWOOD CT LAKELAND, FL 33813	630 KIRSWOOD CT LAKELAND, FL 33813

DO NOT WRITE IN THIS SPACE

01062005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1169993	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NEFF, JAMES D.
630 KIRKSWOOD CT.
LAKELAND, FL 33813

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	NEFF, JAMES D.
STREET ADDRESS	630 KIRSWOOD CT.
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	SD
NAME	MARTIN, MICHAEL (ASS'T)
STREET ADDRESS	400 FLORIDA FED. BLDG.
CITY-ST-ZIP	LAKELAND, FL
TITLE	V
NAME	NEFF, KIRK R
STREET ADDRESS	630 KIRSWOOD CT.
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/12/05-80015-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____   1-10-05   8636484574

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #