2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 07, 2005 8:00 am **Secretary of State DOCUMENT # 492238** 1. Entity Name 02-07-2005 90058 037 ***150.00 NEFF AND ASSOCIATES, INC. Mailing Address Principal Place of Business 1051 OCEAN SHORE BLVD 1051 OCEAN SHORE BLVD 40013667 PH-6 PH-6 ORMOND BEACH, FL 32176 ORMOND BEACH, FL 32176 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable 59-1633712 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NEFF, JAYNE G Street Address (P.O. Box Number is Not Acceptable) 1051 OCEAN SHORE BLVD PH-6 ORMOND BEACH, FL 32176 City Zip Code 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Delete TITLE TITLE NEFF, THOMAS D JR. Neff Thomas O. Ir. NAME NAME STREET ADDRESS STREET ADDRESS 3410 STEWARTS CREEK RD. CITY-ST-7/P CITY-ST-ZIP MURFREESBORO, TN 37129 ☐ Addition ☐ Delete TITLE TITLE NEFF, JAYNE G NAME NAME STREET ADDRESS STREET ADDRESS 1051 OCEAN SHORE BLVD PH-6 CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH, FL 32176 VP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NEFF, JAMES A NAME NAME 9809 NW 59TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32653 CITY-ST-7IP TITLE X Change ☐ Addition TIFLE ☐ Delete LONG, CAROL N NAME NAME STREET ADDRESS 1884 PALMETTO DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **DELAND, 32 724** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

homas O. Neff, Ir.

President 2-3-05 615-459-4040

FILED