

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90027 004 ***150.00

DOCUMENT # 492238

1. Entity Name

NEFF AND ASSOCIATES, INC.



Principal Place of Business

1051 OCEAN SHORE BLVD
PH-6
ORMOND BEACH FL 32176
US

Mailing Address

1051 OCEAN SHORE BLVD
PH-6
ORMOND BEACH FL 32176
US



2. Principal Place of Business - No P.O. Box #
9809 N.W. 59th Terr.

3. Mailing Address
9809 N.W. 59th Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Gainesville, FL

City & State

Gainesville, FL

4. FEI Number

59-1633712

Applied For

Not Applicable

Zip

32653

Country

USA

Zip

32653

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

NEFF, JAYNE G
1051 OCEAN SHORE BLVD
PH-6
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

Name

James A. Neff

Street Address (P.O. Box Number is Not Acceptable)

9809 N.W. 59th Terr.

City

Gainesville

FL

Zip Code

32653

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]

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when registering)

DATE

2/22/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	NEFF, THOMAS O JR	<input type="checkbox"/> Delete
NAME		3410 STEWARTS CREEK RD.	
STREET ADDRESS		MURFREESBORO TN 37129	
CITY - ST - ZIP			
TITLE	V	NEFF, JAYNE G	<input type="checkbox"/> Delete
NAME		1051 OCEAN SHORE BLVD PH-6	
STREET ADDRESS		ORMOND BEACH FL 32176	
CITY - ST - ZIP			
TITLE	VP	NEFF, JAMES A	<input type="checkbox"/> Delete
NAME		9809 NW 59TH TERRACE	
STREET ADDRESS		GAINESVILLE FL 32653	
CITY - ST - ZIP			
TITLE	ST	LONG, CAROL N	<input type="checkbox"/> Delete
NAME		1884 PALMETTO DRIVE	
STREET ADDRESS		DELAND 32 724	
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9809 N.W. 59th TERRACE
CITY - ST - ZIP	GAINESVILLE, FL 32653
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature] Thomas O. Neff Jr. President

Date

2-17-07

Daytime Phone #

615-423-6192