

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90031 037 ***150.00

20002014



01112005 Chg-P CR2E034 (10/03)

DOCUMENT # 602080					
1. Entity Name NEILL, GRIFFIN, TIERNEY, NEILL & MARQUIS, CHARTERED					
Principal Place of Business 311 S SECOND ST FORT PIERCE, FL 34950 US			Mailing Address 311 S SECOND ST FORT PIERCE, FL 34950 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1289417	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEILL, RICHARD V 311 S 2ND ST FORT PIERCE, FL 34950			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FOWLER, MICHAEL D 311 SOUTH 2ND ST FORT PIERCE, FL 34950	<input checked="" type="checkbox"/> Delete ~-			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD NEILL, RICHARD V 311 SOUTH 2ND ST FORT PIERCE, FL 34950	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRIFFIN, CHESTER B 311 SOUTH 2ND ST FORT PIERCE, FL 34950	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TIERNEY, J. STEPHEN JR. 311 SOUTH 2ND ST FORT PIERCE, FL 34950	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDT NEILL, RICHARD V JR 311 S 2ND ST FORT PIERCE, FL 34950	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MARQUIS, RENEE 311 S 2ND STREET FORT PIERCE, FL 34950	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D/T/S Neill, Richard V Jr 311 S 2nd St Fort Pierce, FL 34950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D Marquis-Abrams, Renee C 311 S 2nd St Fort Pierce, FL 34950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Richard V Neill</u> 1/11/05 772-464-8200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					