

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 602080</b>	
1. Entity Name <b>NEILL, GRIFFIN, TIERNEY, NEILL &amp; MARQUIS, CHARTERED</b>	
Principal Place of Business <b>311 S SECOND ST FORT PIERCE, FL 34950 US</b>	Mailing Address <b>311 S SECOND ST FORT PIERCE, FL 34950 US</b>



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1289417</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>NEILL, RICHARD V 311 S 2ND ST FORT PIERCE, FL 34950</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD NEILL, RICHARD V 311 SOUTH 2ND ST FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIFFIN, CHESTER B 311 SOUTH 2ND ST FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TIERNEY, J. STEPHEN JR. 311 SOUTH 2ND ST FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDTS NEILL, RICHARD V JR 311 S 2ND ST FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARQUIS-ABRAMS, RENEE C 311 S 2ND STREET FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/10/07-80015-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Chester B. Griffin, Pres CHESTER B. GRIFFIN 1/4/07 772-464-8200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #