2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000462

Entity Name: NEEL-SCHAFFER, INC.

FILED Jan 12, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
666 NORTH STREET, SUITE 201 JACKSON, MS 39202				666 NORTH STREET SUITE 201 JACKSON, MS 39202		
Current Mailing Address:				New Mailing Address:		
P.O. BOX: JACKSON	22625 , MS 3922526	525				
FEI Number:	: 64-0671634	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()
Name and	Address of (Current Registered Agent:		Name and	Address of N	lew Registered Agent:
WRIGHT, DAVID L WCG/NEEL-SCHAFFAR, INC. 630 N. WYMORE ROAD, SUITE 370 MAITLAND, FL 32751 US				WRIGHT, DAVID L WCG/NEEL-SCHAFFER, INC. 2600 LAKE LUCIEN DRIVE, SUITE 117 MAITLAND, FL 32751 US		
	named entity of Florida.	submits this statement for the p	urpose o	f changing i	ts registered o	ffice or registered agent, or both,
SIGNATURE:				01/12/2004		
	Electro	nic Signature of Registered Age	ent			Date
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	NEEL, W. HIBI	FREET, SUITE 201		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	SCHAFFER, J.	FREET, SUITE 201		Title: Name: Address: City-St-Zip:	SCHAFFER, J.	REET, SUITE 201
Title: Name: Address: City-St-Zip:	EXLEY, SLAD	FREET, SUITE 201		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	SIGMAN, JOH	FREET, SUITE 201		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	RIGGINS, RIC	RO RD. HOBBS BLDG., STE 207		Title: Name: Address: City-St-Zip:	RIGGINS, RICH	RO RD. HOBBS BLDG., STE 207
Title: Name:	VD (BAILEY, MARK) Delete		Title:	()	Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: SLADE F. EXLEY STD 01/12/2004

666 NORTH STREET, SUITE 201

JACKSON, MS 39202

Address:

City-St-Zip: