



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90739 018 ***150.00

DOCUMENT # F00000002777 1. Entity Name THE MCNEILL GROUP INTERNATIONAL, INC.					
Principal Place of Business 398 FERN DRIVE WESTON FL 33332				Mailing Address 398 FERN DRIVE WESTON FL 33332	
2. Principal Place of Business 7280 N.W 7th Street Suite, Apt. #, etc.		3. Mailing Address 7280 N.W 7th St Suite, Apt. #, etc.		 MOORE CR2E034 (11/03)	
City & State Plantation FL		City & State Plantation FL		4. FEI Number 65-0811298	
Zip 33317 Country USA		Zip 33317 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUSSELL, RICHARD A 401 SW 2ND STREET BOCA RATON FL 33432				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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				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	PCD MCNEILL, DANIEL M 398 FERN DRIVE WESTON FL 33326	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	7280 N.W 7th Street Plantation FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCNEILL, BRENDA 398 FERN DRIVE WESTON FL 33326	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	7280 N.W 7th Street Plantation FL 33317
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
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: x Daniel McNeill SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				4/25/04 858-618-2211 Date Daytime Phone #	