


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000002926 1. Entity Name NEILL AND GUNTER INCORPORATED	
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Principal Place of Business 482 PAYNE ROAD SCARBOROUGH, ME 04074	Mailing Address 482 PAYNE ROAD SCARBOROUGH, ME 04074
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0333227	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BORDONARO, JAMES CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHELLEY, WILLIAM F 30 FRAN CIRCLE GRAY, ME 04039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD BIGGS, SUSAN J 23 SYLVAN ROAD SCARBOROUGH, ME 04074
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENT, PETER J 100 MAIN STREET DARTMOUTH, NS B2X 1R5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REEDER, KENNETH F 191 PROSPECT STREET FREDERICTON, NB E3B 5B4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, BRUCE A 40 VALLEY VIEW DRIVE GORHAM, ME 04038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C NEILL, ROBERT D 191 PROSPECT STREET/FREDERICTON NB CANADA E3B 5B4,

U00000218119
02/07/05-80051-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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: 	William F. Shelley 1-31-05 207-883-3355
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>