2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

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02102004 Chg-P CR2E034 (10/03)

DOCUMENT # G54416

1. Entity Name
NEALCO, INC.

Principal Place of Business	Mailing Address
6823 VISTA PARKWAY NORTH WEST PALM BEACH, FL 33411 US	6823 VISTA PARKWAY NORTH WEST PALM BEACH, FL 33411 US

2. Principal Place of Business	3. Mailing Address
6534 Rock Creek Drive	6534 Rock Creek Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Worth, Florida	City & State: Lake Worth, Florida
Zip: 33467 Country: USA	Zip: 33467 Country: USA

4. FEI Number: 59-2319810 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PERRY, CHERYL Y 6823 VISTA PARKWAY NORTH WEST PALM BEACH, FL 33411	Name: Chris A. Heine Street Address (P.O. Box Number is Not Acceptable): 6534 Rock Creek Drive City: Lake Worth FL Zip Code 33467

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 [signature] Chris A. Heine, President 4/7/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD ☐ Delete	TITLE	X☒ Change ☐ Addition
NAME	HEINE, CHRIS A	NAME	
STREET ADDRESS	6823 VISTA PARKWAY NORTH	STREET ADDRESS	6534 Rock Creek Drive
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	CITY-ST-ZIP	Lake Worth, Florida 33467
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: [signature] Chris A. Heine -President 4/7/04 - 561-722 9520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #