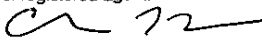


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-12-2004 90307 001 ***150.00

DOCUMENT # G54416 1. Entity Name NEALCO, INC.																													
Principal Place of Business 6823 VISTA PARKWAY NORTH WEST PALM BEACH, FL 33411 US			Mailing Address 6823 VISTA PARKWAY NORTH WEST PALM BEACH, FL 33411 US																										
2. Principal Place of Business 6534 Rock Creek Drive Suite, Apt. #, etc.		3. Mailing Address 6534 Rock Creek Drive Suite, Apt. #, etc.																											
City & State Lake Worth, Florida		City & State Lake Worth, Florida		4. FEI Number 59-2319810																									
Zip 33467		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent PERRY, CHERYL Y 6823 VISTA PARKWAY NORTH WEST PALM BEACH, FL 33411			7. Name and Address of New Registered Agent 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  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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">PSTD</td> <td style="width:20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>HEINE, CHRIS A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6823 VISTA PARKWAY NORTH</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WEST PALM BEACH, FL 33411</td> <td></td> </tr> </table>			TITLE	PSTD	☐ Delete	NAME	HEINE, CHRIS A		STREET ADDRESS	6823 VISTA PARKWAY NORTH		CITY-ST-ZIP	WEST PALM BEACH, FL 33411		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">x33 Change ☐ Addition</td> <td style="width:20%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6534 Rock Creek Drive</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Lake Worth, Florida 33467</td> <td></td> </tr> </table>			TITLE	x33 Change ☐ Addition		NAME			STREET ADDRESS	6534 Rock Creek Drive		CITY-ST-ZIP	Lake Worth, Florida 33467	
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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:  Chris A. Heine -President 4/7/04 - 561-722 9520 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																													

94049600



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