

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 02, 2005 8:00 am
Secretary of State

03-30-2005 90030 014 ***150.00

DOCUMENT # H60841 1. Entity Name NEAL COLLEY ENTERPRISES, INC.																																																																																																											
Principal Place of Business 102 NIGHTINGALE LANE GULF BREEZE FL 32561 US			Mailing Address P.O. BOX 1326 GULF BREEZE FL 32561 US																																																																																																								
2. Principal Place of Business		3. Mailing Address																																																																																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																									
City & State		City & State		4. FEI Number 59-2566748																																																																																																							
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																							
6. Name and Address of Current Registered Agent COLLEY, MARSHALL O. 1101 GULF BREEZE PARKWAY GULF BREEZE FL 32561				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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees																																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>COLLEY O'NEAL, MARSHALL</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11 PINETREE DRIVE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>GULF BREEZE FL 32561</td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	NAME	COLLEY O'NEAL, MARSHALL		NAME			STREET ADDRESS	11 PINETREE DRIVE		STREET ADDRESS			CITY- ST- ZIP	GULF BREEZE FL 32561		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			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																								
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition																																																																																																						
NAME	COLLEY O'NEAL, MARSHALL		NAME																																																																																																								
STREET ADDRESS	11 PINETREE DRIVE		STREET ADDRESS																																																																																																								
CITY- ST- ZIP	GULF BREEZE FL 32561		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																																																																																																								
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: 4-24-05 850 732-9790 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																											

Cell 341 5252