

2009 FOR PROFIT CORPORATION REINSTATEMENT

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 - No P.O. Box #

11 Pinetree Dr

3. Mailing Address

Suite, Apt. #, etc.

City & State

Gulf Breeze FLA

City & State

Zip

32561

Country

SAINT ROSA

Country

05272009

REIN-P

CR2E098 (1/07)

4. FEI Number

59-2566748

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLLEY, MARSHALL O.
11 PINETREE DR
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 reinstating)

DATE

MARSHALL O'NEAL Colley

5-25-09

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME COLLEY O'NEAL, MARSHALL
STREET ADDRESS 11 PINETREE DRIVE
CITY-ST-ZIP GULF BREEZE, FL 32561

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

59-2566748-018 **758.15

06/02/09--01021--018

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

59-2566748-019 **150.00

06/02/09--01021--019

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Marshall O'Neal Colley President

FILED

09 MAY 27 PM 1:42

CLERK OF THE COURT
ALLAHASSEE, FLORIDA

