


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2005 8:00 am
Secretary of State

05-19-2005 90047 047 ***150.00

DOCUMENT # K91880 1. Entity Name MCNEILL AUTO BROKERS, INC.					
Principal Place of Business 1010 OCOEE-APOPKA RD 510 APOPKA, FL 32703 - US			Mailing Address 888 WOODCRAFT DR. APOPKA, FL 32712		
2. Principal Place of Business		3. Mailing Address 1010 Ocoee-Apopka Rd # 510			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Apopka FL			
Zip	Country	Zip 32703	Country Orange	4. FEI Number 59-2948598	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MCNEILL, BRYAN 888 WOODCRAFT DR. APOPKA, FL 32712				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME MCNEILL, BRYAN STREET ADDRESS 888 WOODCRAFT DR. CITY-ST-ZIP APOPKA, FL 32712	<input type="checkbox"/> Delete		TITLE 11825 Skyview Ln NAME Clermont FL 34755 STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Bryan W. McNeill</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5/12/05 <small>Date</small>		(407) 718-0981 <small>Daytime Phone #</small>

~~ATTENTION~~ #K91880
50052904
I, Bryan W. McNeill, never received a renewal
form due to an address change. I spoke
to your office on 5/10/05 and got approval
to wave the penalty.

Thank you!

BW McNeill