


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000074103					
1. Entity Name MCNEEL/PALMER CORPORATION					
Principal Place of Business 95 BENNETT STREET ATLANTA GA 30309			Mailing Address C/O MVNEEL INTERNATIONAL CORP. P.O. BOX 23887 TAMPA FL 33623		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3665952	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCNEEL INTERNATIONAL CORPORATION 5491 W. KENNEDY BLVD. SUITE 751 5TH FLOOR TAMPA FL 33609				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<small>(NOTE: Registered Agent signature required when reinstating)</small>					
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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEEL, VAN L		NAME		
STREET ADDRESS	5401 W KENNEDY BLVD, SUITE 751		STREET ADDRESS		
CITY- ST- ZIP	TAMPA FL 33609		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEEL, CLAYTON W		NAME		
STREET ADDRESS	5401 W. KENNEDY BLVD., SUITE 751		STREET ADDRESS		
CITY- ST- ZIP	TAMPA FL 33609		CITY- ST- ZIP		
TITLE	DEV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEEL, IAN E		NAME		
STREET ADDRESS	95 BENNETT ST		STREET ADDRESS		
CITY- ST- ZIP	ATLANTA GA 30309		CITY- ST- ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, BRUCE C		NAME		
STREET ADDRESS	95 BENNETT ST.		STREET ADDRESS		
CITY- ST- ZIP	ATLANTA GA 30309		CITY- ST- ZIP		
TITLE	DC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELDON, JAMES E JR		NAME		
STREET ADDRESS	95 BENNETT ST.		STREET ADDRESS		
CITY- ST- ZIP	ATLANTA GA 30309		CITY- ST- ZIP		
TITLE	VST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, RENE M		NAME		
STREET ADDRESS	5401 W KENNEDY BLVD, SUITE 751		STREET ADDRESS		
CITY- ST- ZIP	TAMPA FL 33609		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/05

404-442-8175