


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90025 040 ***150.00

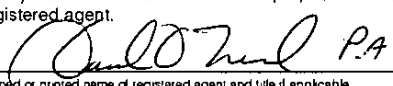
DOCUMENT # P00000111592	
1. Entity Name DAVID D. NEAL P.A.	

Principal Place of Business 2655 N. LAKEMONT AVE WINTER PK FL 32792	Mailing Address 2655 N. LAKEMONT AVE WINTER PK FL 32792
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2. Principal Place of Business 2057 OSPREY AVE	3. Mailing Address 2057 OSPREY AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ORLANDO FL	City & State ORLANDO FL
Zip 32814	Zip 32814
Country USA	Country USA

6. Name and Address of Current Registered Agent NEAL, DAVID D 1912 CARRIGAN AVE WINTER PK FL 32792	7. Name and Address of New Registered Agent Name DAVID D NEAL Street Address (P.O. Box Number is Not Acceptable) 2057 OSPREY AVE City ORLANDO, FLORIDA FL Zip Code 32814
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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  P.A.	DATE 02-10-05
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, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEAL, DAVID D 2655 N. LAKEMONT AVE WINTER PK FL 32792 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEAL, DAVID D 2057 OSPREY AVE ORLANDO FL 32814-6519 <input checked="" 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: 	DATE 02-10-2005	DAYTIME PHONE # 407 766 5941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE	DAYTIME PHONE #