2005 FOR PROFIT CORPORATION

SIGNATURE:

Jan 18, 2005 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # P01000106246** 01-18-2005 90028 047 ***150.00 R. & E. MCNEIL, INC. Principal Place of Business -Mailing Address 3230 ECPETS LÁNDING DR. 3239 EGRETS LANDING DR. LAKE MARY, FL 32746 LAKE MARY, FL 32746 2. Principal Place of Business 711 ASTOR FARMS 01122005 Chg-P CR2E034 (10/03) 4. FEI Number Applied For 59-3754440 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCNEIL, A. RANDOLPH MUNEIL, A. KANDOLPH 3230 EGRETS LANDING DRIVE 1781 ASTEG FALMS PLACE LAKE MARY, FL 32746. SANDONA, FL 32771 Street Address (P.O. Box Number is Not Acceptable) City 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. MCNeil A. MANDOLPH Dichange ☐ Delete TITLE TITLE MCNEIL, A. RANDOLPH NAME NAME STREET ADDRESS 3239 EGRETS LANDING DRIVE STREET ADDRESS CITY-ST-ZIP LAKE MARY, FL 32746-CITY-ST-7IP Addition TITLE ☐ Delete TIME MCNEIL, ELIZABETH NAME NAME STREET ADDRESS 3239 EGRETS LANDING DRIVE STREET ADDRESS CITY-ST-ZIP LAKE MARY, FL 32746 CITY-ST-ZIP TITLE ☐ Change Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ITTLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ANDRESS 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.

ER OR DIRECTOR

FILED