

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90061 041 ***150.00

DOCUMENT # P01000115545

1. Entity Name

JAMES A. NEEL, P.A.



Principal Place of Business

3403-A HANCOCK BRIDGE PARKWAY
NORTH FORT MYERS FL 33903

Mailing Address

3403-A HANCOCK BRIDGE PARKWAY
NORTH FORT MYERS FL 33903



2. Principal Place of Business - No P.O. Box #

11066 Harbour Yacht Court

3. Mailing Address

11066 Harbour Yacht Court

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

Fort Myers, Florida

City & State

Fort Myers, Florida

Zip

33908

Country

USA

Zip

33908

Country

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-1158589

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEEL, JAMES A
3403-A HANCOCK BRIDGE PARKWAY
NORTH FORT MYERS FL 33903

Name

Street Address (P.O. Box Number is Not Acceptable)

11066 Harbour Yacht Court

201

City

Fort Myers

FL

Zip Code

33908

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-1-07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	NEEL, JAMES A	3403-A HANCOCK BRIDGE PARKWAY	NORTH FORT MYERS FL 33903	President	James A. Neel	11066 Harbour Yacht Court, #201	Fort Myers, FL 33908

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/07

DATE

Daytime Phone #