


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90082 049 ***150.00

DOCUMENT # P02000001111

1. Entity Name
MCNEIL MANAGEMENT SERVICES, INC.



Principal Place of Business Mailing Address

~~6118 BECKLIN PLACE~~ ~~6118 BECKLIN PLACE~~
~~RIVERVIEW, FL 33569~~ ~~RIVERVIEW, FL 33569~~

50035252

2. Principal Place of Business 3. Mailing Address

1463 Oakfield Dr *P. O. Box 6235*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 141

City & State City & State

Brandon FL *Brandon FL*

Zip Country Zip Country

33511 *33508-6004* Country



04052005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

PINNER, PAMELA J
~~6118 BECKLIN PLACE~~
~~RIVERVIEW, FL 33569~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1463 Oakfield Dr.
Suite 141

City State Zip Code
Brandon **FL** *33511*

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
After May 1, 2005 Fee will be \$550.00

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	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINNER, PAMELA J	NAME	
STREET ADDRESS	6118 BECKLIN PLACE	STREET ADDRESS	<i>1463 Oakfield Dr #141</i>
CITY-ST-ZIP	RIVERVIEW, FL 33569	CITY-ST-ZIP	<i>Brandon, FL 33511</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Pamela J. Pinner* **Pamela J. Pinner** *4/5/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #