

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000049718	
1. Entity Name NEALE & ASSOCIATES, INC.	

Principal Place of Business 6484 NEALE RD. MELROSE, FL 32666	Mailing Address P.O. BOX 1231 MELROSE, FL 32666
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DO NOT WRITE IN THIS SPACE



04292005 No Chg-P CR2E034 (10/03)

4. FBI Number 75-3056517	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

A1A CORPORATE SERVICES INC.
92 SADBERRY ROAD
QUINCY, FL 32351-0000

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7. 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	8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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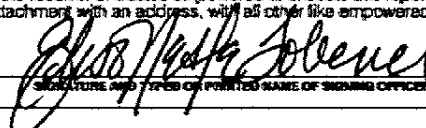
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP NEALE-TOBENER, ELISA P.O. BOX 1231 MELROSE, FL 32666
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V NEALE, ELIZABETH P.O. BOX 1231 MELROSE, FL 32666
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TOBENER, HENRY P.O. BOX 1231 MELROSE, FL 32666
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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:  **4/29/05 (352) 475-5726**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR