

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000051838

1. Entity Name

NEUNAN PROPERTIES, INC.



Principal Place of Business

3636 JULINGTON CREEK ROAD
JACKSONVILLE FL 32223-3713

Mailing Address

3636 JULINGTON CREEK ROAD
JACKSONVILLE FL 32223-3713



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **74-3095471**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACLEAN, C. DONALD JR
3636 JULINGTON CREEK ROAD
JACKSONVILLE FL 32223-3713

Name

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

City

FL

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 the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MACLEAN, C. DONALD JR	
STREET ADDRESS	3636 JULINGTON CREEK ROAD	
CITY - ST - ZIP	JACKSONVILLE FL 32223-3713	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MACLEAN, GEORGIA M	
STREET ADDRESS	3636 JULINGTON CREEK ROAD	
CITY - ST - ZIP	JACKSONVILLE FL 32223-3713	
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

C. Donald MacLean Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-08

Date

904-886-2732

Telephone Number