

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000055562

1. Entity Name

NEAVES & ASSOCIATES, INC.



Principal Place of Business
685 WEST 60 STREET
HIALEAH FL 33012

Mailing Address
685 WEST 60 STREET
HIALEAH FL 33012



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

1st MOORE

CR2E034 (10/07)

4. FEI Number 56-2380324

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

NEAVES, MICHAEL
685 WEST 60 STREET
HIALEAH FL 33012

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

Michael Neaves *SIGNED IN GARCIA, NO CHANGES*
2-23-2008

Signature, typed or printed name of not married agent, and title, if applicable

(NOTE: Registered Agent signature required when registering)

DATE

2-23-2008 *MA*
2-23-2008

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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME NEAVES, MICHAEL ☐ Delete
STREET ADDRESS 685 WEST 60 STREET
CITY-ST-ZIP HIALEAH FL 33012

TITLE
NAME 000000842113 ☐ Change ☐ Addition
STREET ADDRESS 03/11/08-80017-01 ☐ Change ☐ Addition
CITY-ST-ZIP 150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Michael Neaves

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-2008

Date

Digitized by: *MA*