

FILED
Feb 02, 2004 8:00 am
Secretary of State

01-12-2004 90005 037 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

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DOCUMENT # P03000075363			
1. Entity Name GREGG S. NEELY, PA			
Principal Place of Business 755 OAK STREET PORT ST. LUCIE, FL 34952		Mailing Address 755 OAK STREET PORT ST. LUCIE, FL 34952	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 010791965		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		CR2E034 (10/03)	
6. Name and Address of Current Registered Agent NEELY, GREGG S 755 OAK STREET PORT ST. LUCIE, FL 34952		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete NEELY, GREGG S 755 OAK STREET PORT ST. LUCIE, FL 34952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>Gregg S. Neely</i></u>		President <u><i>1/2/04</i></u>	
SIGNATURE AND/OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR		Daytime Phone #	

66400680

