2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000093450

1. Entity Name

DEBBIE J. NEEL ENTERPRISES, INC.



Mailing Address

Principal Place of Business 217 WALLACE AVENUE, N LEHIGH ACRES, FL 33931

217 WALLACE AVENUE, N LEHIGH ACRES, FL 33931 FILED Jan 26, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01222007	No Chg-P	CR2E034 (11	(11/05)	
I. FEi Number			Applied For	
57-1183733			Not Applicat	

5. Certificate of Status Desired

\$8.75 Additional Fee Required

NEEL, DEBBIE J 217 WALLACE AVENUE, N LEHIGH ACRES, FL 33931

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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 Fiorida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE Debbie J. Nee! - Welfer Well (123/37 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent partitive required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEEL, DEBBIE J 217 WALLACE AVENUE, N LEHIGH ACRES, FL 33931						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000605423 01/30/07-80035-013 158.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			 	IN ⁻	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-SI-ZIP							
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.							