

2007 FOR PROFIT CORPORATION ANNUAL REPORT

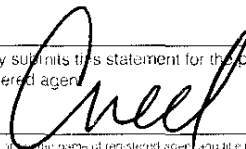
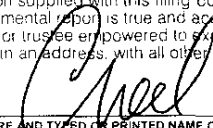
FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90059 031 ***150.00

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01112007 Chg-P CR2E034 (12/06)

DOCUMENT # P03000107654					
1. Entity Name CHUCK NEEL CONSTRUCTION, INC.					
Principal Place of Business POST OFFICE BOX 26 MARIANNA, FL 32447			Mailing Address PO BOX 26 MARIANNA, FL 32447		
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 30-0207225			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		
NEEL, CHUCK A 2860 HWY 71 N MARIANNA, FL 32446			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  <u>Chuck Neel President</u> 1/21/07					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P ☐ Delete	TITLE	P ☒ Change ☐ Addition		
NAME	NEEL, CHUCK	NAME	NEEL, CHUCK		
STREET ADDRESS	4534 DECATUR ST	STREET ADDRESS	6137 SYLVANIA PINN WAY		
CITY, ST, ZIP	MARIANNA, FL 32446	CITY, ST, ZIP	Greenwood FL 32443		
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY, ST, ZIP		CITY, ST, ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY, ST, ZIP		CITY, ST, ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY, ST, ZIP		CITY, ST, ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY, ST, ZIP		CITY, ST, 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.					
SIGNATURE:  <u>Chuck Neel President</u> 1/21/07 850/482-6693					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Time Filing If					