


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P03000122712</b> 1. Entity Name <b>REX NEIL, INC.</b>			
Principal Place of Business <b>1244 N. BRINK AVE SARASOTA, FL 34237</b>		Mailing Address <b>1244 N. BRINK AVE SARASOTA, FL 34237</b>	
2. Principal Place of Business <b>1244 N. BRINK AVE.</b> Suite, Apt. #, etc.		3. Mailing Address <b>1244 N. BRINK AVE.</b> Suite, Apt. #, etc.	
City & State <b>SARASOTA FLA.</b> Zip Country <b>34237 U.S.</b>		City & State <b>SARASOTA FLA.</b> Zip Country <b>34237 U.S.</b>	
4. FEI Number <b>20-0346551</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>REXFORD, WILLIAM 1244 N. BRINK AVE SARASOTA, FL 34237</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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>William Rexford</u> DATE: <u>9/3/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WILLIAM, REXFORD</b> <b>1244 N. BRINK AVE</b> <b>SARASOTA, FL 34237</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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)(i), 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>William Rexford</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>9/3/04</u> (941) 366-1977 <small>Daytime Phone #</small>	

FILED

04 OCT -5 AM 8:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09/02/04 90077 034 \$150.00  
09272004 Chg-P CR2E034 (10/03)

*Handwritten initials: JR 10/5*

9/13/04

To whom it may concern:

I am a sub-contractor in the flooring installation business. In order to keep my wavier of workmen's comp. certificate I had to incorporate myself on Oct. 30, 2003. I sell nothing, I have no employees. I'm, basically, a laborer that works out of a van.

The accountant that incorporated me, did not make me aware of the May 1 deadline of the Annual Report and I received no prior notice from the State.

Therefore I am asking for a wavier of the \$400.00 late fee. I, faithfully, promise that this will not happen again.

Thank you so much,  
William C. Rexford  
William C. Rexford  
of Rex Neil inc.