


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90204 032 \*\*\*150.00

<b>DOCUMENT # P03000125783</b>	
1. Entity Name NEIL ELECTRIC, INC.	

Principal Place of Business 1279 SUNRISE ROAD 1279 WEST PALM BEACH, FL 33406	Mailing Address 1279 SUNRISE ROAD 1279 WEST PALM BEACH, FL 33406
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2. Principal Place of Business - No P.O. Box # 1279 Suite, Apt. #, etc. 1279 SUNRISE RD City & State 1279 WEST PALM BEACH Zip 33406 Country PALM BEACH	3. Mailing Address Suite, Apt. #, etc. City & State WEST PALM BEACH Zip Country
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04062007 Chg-P CR2E034 (12/06)



4. FEI Number 20-0364235		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WORTMAN, SCOTT J 7108 FAIRWAY DRIVE 225 PALM BEACH GARDENS, FL 33418		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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEIL, ROBERT 1279 SUNRISE ROAD WEST PALM BEACH, FL 33406 <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 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:** Robert Neil  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_



DRAWING - BY  
**ROBERT NEIL**

Electrical Contractor

Lic. - L - 9323.P.B.C.  
Lic.# 7 Martin

**HOME ADDRESS**

1279 Sunrise Road  
W. Palm Beach, FL 33406  
**PHONE 561 641-0434**  
P.O. BOX 15875  
W. Palm Beach, FL 33416  
State# ER0001608  
**ELECTRICAL REPAIRS (New & Old)**  
**BEEP 710-7316**

**ATTACHMENT**  
**40081843**

**#PO3000125783**

Date April 11/07

I have no paper work from you for a  
annual Report, I have no employees and  
do all the work myself, charging plans  
make inspections for Home insurance co Reports  
Please see enclosed check 150<sup>00</sup> for fee  
and Below Estimated Note, Need more paper  
work Please send information.

Thanks R Neil



**HOME ADDRESS**  
1279 Sunrise Road  
W. Palm Beach, FL 33406  
**PHONE 561 641-0434**  
P.O. BOX 15875  
W. Palm Beach, FL 33416

**NEIL ELECTRIC INC**

**ESTIMATED PAYROLL**  
OLD FEDERAL TAX #596149261 NEW FEDERAL TAX # 20 0304035  
START UP DATE  
I ROBERT NEIL DATE OF BIRTH 1/1/31, how much monies can  
I make before tax on my wages???  
I CAN ONLY WORK 40 HOURS PER DAY DUE TO CAUSE, OFF DAYS  
SATURDAY AND SUNDAY & HOLIDAY  
I HAVE ALWAYS MADE MY INCOMETAX REPORT EACH YEAR.  
SOCIAL SECURITY \$9816 -  
disable veterans \$2412. \*\*\*ARE PAYMENTS MADE TO ME PER YEAR  
ALL TOTALS\*\* \$12228 how much of this do you tax??  
I WORK WHEN I CAN ESTIMATE \$12480 per year on wages  
can you give me information on the above questions???

Sending letter to workers comp bureau 300 TAINS STREET  
TALLAHASSEE FLORIDA. ALSO THE SENATE JURISDICTIONAL SUB  
COMMITTEE OVERSITE AND THE HOUSE SENATE HEED OFFICE BUILDING  
ROOM 305 WASHINGTON D.C. PHONE 202 220 5734  
WHY A SOLE PROPRIETOR MUST BUY INSURANCE COMPENSATION ON  
THEMSELF

Note April 19-07

Hope I have made this out ok!  
Please let me know Returning Papers to  
you. Could not get you on phone,