## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 04, 2004 8:00 am Secretary of State

DOCU 1. Entity Nam MCNEILL	ne	# P0300013; ing, inc.			02-04-200	4 90040	016 ***	150.00		
Principal Plac	e of Busines	s	Mailing Address						54003	0000
5051 46TH AVENUE NORTH ST PETERSBURG, FL 33709			5051 46TH AVENUE NORTH ST PETERSBURG, FL 33709				i such ani unia nyin o		-	
2. Principal F	Place of Busin	ness	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01072004	Chg-P CR2E034 (10/03)			
City & State			City & State	<del></del>	4. FEI Numb	20-04	1224	74	Applied For Not Applicable	
Zip	Country		Zip Coun		ntry	1	of Status Desired		\$8.75 A	idditional
	6. Name	and Address of Current	Registered Agent		I	7. Name and	Address of New	Registered	Agent	
MCNEILL,	.THOMAS	.L ~	=	Name						
5051 46TH ST PETER	1 AVENUE	NORTH	Street Address (P.O. Box Number is Not Acceptable)							
,			City		<del></del>		Zip Co	odo		
					<u> </u>			FI		
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 Signature, Noed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling)  DATE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
		FEE IS \$150.00 4 Fee will be \$550.	\$5.00 May Be Added to Fees							
10.	· · · · · · · · · · · · · · · · · · ·	OFFICERS AND		11.	<del></del>	ADDITIONS	CHANGES TO OF	FICERS AN		
TIFLE	PD MCNEILL	, THOMAS L	☐ Delete	TITL	1				☐ Change	e 🔲 Addition
STREET ADDRESS	5051 46TH AVENUE NORTH				SET ADDRESS					
Crity-St-Zip		RSBURG, FL 33709			-ST-ZIP					
TITLE +	S	, BARBARA E	Delete	TITE.	i i				Change	Addition
STREET ADDRESS	5051 46TH AVENUE NORTH				EET ADDRESS					
CITY-ST-ZIP	ST PETE	RSBURG, FL. 33709			-ST-ZIP					
TITLE .	1		Delete	TITL	1				☐ Change	e 🔲 Addition
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TITLE NAME			LJ Delete	TITE					☐ Change	e [] Addition
STREET ADDRESS	1				EET ADDRESS					
CITY-ST-ZIP	<b> </b>	·	☐ Delete	tm.	-ST-ZIP				☐ Change	Addition
NAME			CT beson	KAN	ľ				بواهان رح	, Hadilon
STREET ADDRESS CITY-ST-ZIP	}			1	ET ADDRESS -ST-ZIP					
TITLE	<del> </del>		Delete	rin			· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAME		* 2	THI DEIGG	NAM	E					
STREET ADDRESS .	1, .				ET ADORESS -ST-ZIP					
12. i hereby	certify that the	e information supplied wit	h this filing does not qualify fo	or the exe	mption stated in	Section 119.07(3)	(i), Florida Statutes	. I further co	artify that the	e information
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: Mouras & Maybell 189/04 727-522-6040										
,		CONTACTION AND TYPES OF	CONTROL MANUE OF CHARGE OF THE	O O DIOSC	700		T Date		Destina Phone	

Thomas L. MCNeill