2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCU	MENT	#	P ₀₃	റററ	143021
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1. Entity Name

JIM MCNEIL CONSTRUCTION, INC.



Principal Place of Business

Mailing Address

8196 FLAMEVINE AVE NO SEMINOLE, FL 33777 8196 FLAMEVINE AVE NO SEMINOLE, FL 33777



DO NOT WRITE IN THIS SPACE

01072007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0578120	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCNEIL, JAMES K 8196 FLAMEVINE AVE NO SEMINOLE, FL 33777

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the pathe obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title.		ice or registered agent, or but t signature required when reinstating)	oth, in the State of Florida. I am familiar with, and accept DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECT ITILE PSD MCNEIL, JAMES K SIREET ADDRESS 8196 FLAMEVINE AVE NO CITY-ST-ZIP SEMINOLE, FL 33777	CTORS		
TITLE S NAME STOCKBURGER, SAMUEL LEE STREET ADDRESS CITY-S1-ZIP SEMINOLE, FL 33776			U00000580912 01/10/07-80066-020 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NOT WRITE
TITLE NAME STREET ADDRESS CATY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this fi	filing does not qualify for the exemption	ons contained in Chapter 11	9, Florida Statutes. I further certify that the information

The scay county has the information 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 cath; 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: _	Jama	K Merid	James	K Mereil	President 1/8/07	127-391-3022
	SIGNATURE AND T	YPED OR PRINTED NAME OF SIG	MING OFFICER OR D	RECTOR	Date	Daytime Phone #