

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90204 017 ***150.00

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1. Entity Name
J & J NEEL CONSTRUCTION, INC.



Principal Place of Business
**7633 PARRAMORE RD.
SNEADS, FL 32460**

Mailing Address
**7633 PARRAMORE RD.
SNEADS, FL 32460**

2. Principal Place of Business - No P.O. Box #

7943 Shady Grove Rd

3. Mailing Address

Same

Suite, Apt. #, etc.

Grand Ridge, FL

Suite, Apt. #, etc.

04302008

Chg-P

CR2E034 (12/06)

City & State

32442

City & State

4. FEI Number

59-3784010

Applied For

Not Applicable

Zip

32442

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NEEL, JEREMY L
7633 PARRAMORE RD.
SNEADS, FL 32460**

7. Name and Address of New Registered Agent

Name **Jeremy L. Neel**

Street Address (P.O. Box Number is Not Acceptable)

7943 Shady Grove Rd

City

Grand Ridge FL 32442

Zip Code

32442

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **NEEL, JEREMY L**
STREET ADDRESS **7633 PARRAMORE RD.**
CITY-ST-ZIP **SNEADS, FL 32460**

TITLE **VD** ☐ Delete
NAME **NEEL, JERRY L**
STREET ADDRESS **3572 HWY. 69**
CITY-ST-ZIP **GRAND RIDGE, FL 32442**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
NAME **Neel Jeremy L.**
STREET ADDRESS **7943 Shady Grove Rd**
CITY-ST-ZIP **Grand Ridge FL 32442**

TITLE **Same** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-08