

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90069 037 \*\*\*150.00

DOCUMENT # P04000005928

1. Entity Name

RALPH D. NEAL INSTALLATION & REPAIR, INC.



Principal Place of Business

8 PINE TRACE  
OCALA FL 34472

Mailing Address

8 PINE TRACE  
OCALA FL 34472

2. Principal Place of Business

5 Spring Loop Circle  
Suite, Apt. #, etc.

3. Mailing Address

5 Spring Loop Circle  
Suite, Apt. #, etc.

City & State

Ocala FL

Zip  
34472

Country

Marion

City & State

Ocala FL

Zip  
34472

Country

Marion

4. FEI Number

77-0621402

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PRO-COUNTING, INC.  
10291 SW 39TH TERRACE  
OCALA FL 34476

7. Name and Address of New Registered Agent

Name

NA

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

Ralph D. Neal

Signature of registered agent 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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P, D  
NEAL, RALPH D  
8 PINE TRACE  
OCALA FL 34472

☐ Delete

5 Spring Loop Cir.

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
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CITY - ST - ZIP  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Ralph D. Neal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-06

Date

352 6878756

Daytime Phone #