



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005 8:00 am
Secretary of State

09-02-2005 90015 009 ***158.75

DOCUMENT # P04000012115					
1. Entity Name THOMAS A. NEESHAM, P.A.					
Principal Place of Business 1594 STARGAZER TERRACE SANFORD, FL 32771			Mailing Address 1594 STARGAZER TERRACE SANFORD, FL 32771		
2. Principal Place of Business 17944 Dansville Drive Suite, Apt. #, etc.		3. Mailing Address 17944 Dansville Dr Suite, Apt. #, etc.		50064742 	
City & State Spring Hill, FL Zip 34610 Country USA		City & State Spring Hill, FL Zip 34610 Country USA		4. FEI Number 20-0756713	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NEESHAM, THOMAS A 1594 STARGAZER TERRACE SANFORD, FL 32771			7. Name and Address of New Registered Agent Name <u>Thomas A. Neesham</u> Street Address (P.O. Box Number is Not Acceptable) <u>17944 Dansville Drive</u> City <u>Spring Hill</u> <u>FL</u> Zip Code <u>34610</u>		
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 <u>Thomas A. Neesham</u> <u>THOMAS A. NEESHAM</u> <u>8/29/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NEESHAM, THOMAS A 1594 STARGAZER TERRACE SANFORD, FL 32771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Thomas A. Neesham 17944 Dansville Drive Spring Hill, FL 34610	<input checked="" 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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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
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: <u>Thomas A. Neesham</u> <u>THOMAS A. NEESHAM</u> <u>8/29/05</u> <u>352-397-5290</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date Daytime Phone #		