

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000163320

1. Entity Name  
THE NEIL AGENCY, INC.



Principal Place of Business  
2320 S. THIRD ST.  
SUITE 4  
JACKSONVILLE BEACH, FL 32250

Mailing Address  
2320 S. THIRD ST.  
SUITE 4  
JACKSONVILLE BEACH, FL 32250

**FILED  
Apr 30, 2008 08:00 AM  
Secretary of State**

**DO NOT WRITE IN THIS SPACE**

04232008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2186991	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEIL, ARCHESTER L  
14548 CRYSTAL VIEW LANE  
JACKSONVILLE, FL 32250

**DO NOT WRITE  
IN THIS SPACE**

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

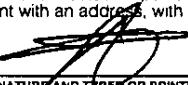
TITLE P  
NAME NEIL, ARCHESTER  
STREET ADDRESS 14548 CRYSTAL VIEW LANE  
CITY-ST-ZIP JACKSONVILLE, FL 32250

U00000934204  
05/26/08-80022-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

 Archester Neil  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/08 (904)-247-1222  
Date Daytime Phone #