


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90050 049 ***150.00

DOCUMENT # P05000015031

1. Entity Name
 NEACE AND ASSOCIATES, P.A.



Principal Place of Business
 4209 BAYMEADOWS RD STE 3
 JACKSONVILLE, FL 32217

Mailing Address
 4209 BAYMEADOWS RD STE 3
 JACKSONVILLE, FL 32217

40011010

2. Principal Place of Business - No P.O. Box #
 10365 Hood Road S.
 Suite, Apt. #, etc.
 #204
 City & State
 Jacksonville FL
 Zip Country
 32257 Duval

3. Mailing Address
 10365 Hood Road S.
 Suite, Apt. #, etc.
 #204
 City & State
 Jacksonville FL
 Zip Country
 32257 Duval



01142008 Chg-P CR2E034 (12/06)

4. FEI Number
 90-0251068 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NEACE, JEFFREY S ESQ
 4209 BAYMEADOWS RD STE 3
 JACKSONVILLE, FL 32217

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 10365 Hood Road S.
 #204
 City Jacksonville FL Zip Code 32257

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEACE, JEFFREY S 4209 BAYMEADOWS RD STE 3 JACKSONVILLE, FL 32217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10365 Hood Road S. #204 Jacksonville, FL 32257
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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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:  1-23-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #