


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

03-27-2006 90257 009 ***150.00

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| DOCUMENT # P05000060215 | |  | |
| 1. Entry Name TIM NEEL & ASSOCIATES, INC. | | | |
| Principal Place of Business 9530 W RIVER HOLLY PATH HOMOSASSA, FL 34448 | | Mailing Address PO BOX 2089 HOMASASSA SPRINGS, FL 34447 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| NEEL, TIMOTHY E 9530 W RIVER HOLLY PATH HOMOSASSA, FL 34448 | | Name 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when renewing)</small> DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | DP NEEL, TIMOTHY E 9530 W RIVER HOLLY PATH HOMOSASSA, FL 34448 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | DST NEEL, MARGARET M 9530 W RIVER HOLLY PATH HOMOSASSA, FL 34448 <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: <i>Timothy E. Neel</i> | | Date: <i>21 Mar 06</i> (352) 628-9071 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR | | Date | |

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03092008 Chg-P CR2E034 (11/05)

4. FEI Number **20-2733262** Applied For
Not Applicable

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