2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000165279

1. Entity Name NEELY SERVICES, INC.



Principal Place of Business

14703 OAK VINE DRIVE LUTZ, FL 33559 Mailing Address

14703 OAK VINE DRIVE LUTZ, FL 33559

FILED May 21, 2008 8:00 am Secretary of State

05-21-2008 90021 011 ***150.00



DO NOT WRITE IN THIS SPACE

04252008 No Chg-P CR2E034 (11/05)

		 	T:
4.	FEI Number		Applied For
	33-1128294		Not Applicable
5.	Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NEELY, DONALD R 14703 OAK VINE DRIVE LUTZ, FL 33559

DO NOT WRITE IN THIS SPACE

LUTZ, FL 33559			IN THIS SPACE		
	named entity submits his statement for the plans of registered age at	urpose of changing its registere	d office or r	egistered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	f applicable (NOTE: Registered	Agent signature	e required when reinstating)	DATE
FIL After M	E NOWIN FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS NEELY, DONALD R 14703 OAK VINE DRIVE LUTZ, FL 33559				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEELY, DONALD R 14703 OAK VINE DRIVE LUTZ, FL 33559				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>.</u>		DO I	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated	certify that the information supplied with this fill on this report or supplemental report is true a	iling does not qualify for the exe and accurate and that my signat	mptions co ure shall ha	ntained in Chapter 119, I ve the same legal effect a	Florida Statutes. I further certify that the information as if made under oath; that I am an officer or director

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: DONALD NECLY PRESIDENT OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/08

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