

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000167674

1. Entity Name
TERRI NEIL PUBLIC RELATIONS & MARKETING INC.



Principal Place of Business
6341 STONEHURST CIRCLE
LAKE WORTH, FL 33467

Mailing Address
6341 STONEHURST CIRCLE
LAKE WORTH, FL 33467

FILED
May 03, 2007 08:00 AM
Secretary of State



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number
84-1698499

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NEIL, TERRI ER
6341 STONEHURST CIRCLE
LAKE WORTH, FL 33467

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000757873
05/23/07-80087-017 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME NEIL, TERRI
STREET ADDRESS 6341 STONEHURST CIRCLE
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE VP
NAME NEIL, JOHN
STREET ADDRESS 6341 STONEHURST CIRCLE
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Terri Neil Terri Neil 4/30/07 561-641-0658