FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90065 043 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000042482

1. Entity Name
TANYA MCNEILL REALTY, INC.

Principal Place of Business
632 S. CHRISTIANA AVENUE
APOPKA, FL 32703 US

Mailing Address
632 S. CHRISTIANA AVENUE
APOPKA, FL 3270_ US

04072008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
36325 County Road 439
Suite, Apt. #, etc.
City & State: Eustis, FL 32736
Zip: 32736 Country:

3. Mailing Address
36325 County Road 439
Suite, Apt. #, etc.
City & State: Eustis FL
Zip: 32736 Country: USA

4. FEI Number: 20-4683997 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCNEILL, TANYA M
632 S. CHRISTIANA AVENUE
APOPKA, FL 32703

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 36325 County Road 439
City: Eustis FL Zip Code: 32736

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]

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 MCNEILL, TANYA 632 S. CHRISTIANA AVENUE APOPKA, FL 32703 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 36325 County Road 439 Eustis, FL 32736
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #