2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P93000001345 Apr 04, 2006 08:00 AM Secretary of State 1. Entity Name MACNEAL'S SERVICES, INC. Mailing Address Principal Place of Business 219 4TH PLACE S.W. LARGO FL 33770 219 4TH PLACE S.W. **LARGO FL 33770** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FE) Number 59-3190616 Not Applied Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DICKEY, WILLIAM 2310 WEST BAY DRIVE Street Address (P.O. Box Number is Not Acceptable) **LARGO FL 34640** City Zìo 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 accompany the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when revisibling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DILE ☐ Delete TITLE NAME MACNEAL, DARRYL U00000431370 STREET ADDRESS 219 4TH PLACE S.W. STREET ACCRESS 04/19/06-80019-017 150**.00** City-St-ZIP CITY-ST-702 LARGO FL 33770 ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME MANAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P TATLE Delete TITLE Change Action NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Detete THLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-S1-712 CATY-ST-ZEP TITLE ☐ Delete TITLE Change _____ a..... NAME MANAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILLE Delete HLE ☐ Change Addiii NAME MAME STREET ADDRESS STREET ADDRESS City-SI-ZP CHY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes 1 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 path, 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 eppears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other tipe empowered.

OATHY MACKEL

SIGNATURE:

727-403-5017

3-31-06