

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000030613

1. Entity Name
JAMES T. MCNEILL GENERAL CONTRACTOR, INC.



Principal Place of Business
10724 NORTHRIDGE CT.
TRINITY, FL 34655-5038 US

Mailing Address
10724 NORTHRIDGE CT.
TRINITY, FL 34655-5038 US

**FILED
Jan 07, 2008 08:00 A
Secretary of State**



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3218420	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCNEILL, JAMES T
10724 NORTHRIDGE CT.
TRINITY, FL 34655-5038

**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 reconstituting)
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees <input type="checkbox"/>

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNEILL, JAMES T 10724 NORTHRIDGE CT. TRINITY, FL 34655
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01/07/08-80019-021 150.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
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:

James T. McNeill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/07 727-207-4193 mobile
1/3/07 727-372-9931
Date Daytime Phone #