

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 23, 1999 8:00 am  
Secretary of State

03-23-1999 90060 015 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000059516**

1. Corporation Name

**NEIL'S PAINTING & DECORATING, INC.**



Principal Place of Business <b>1825 MEDITERRANEAN RD LAKE CLARKE SHORES FL 33406</b>	Mailing Address <b>1825 MEDITERRANEAN RD LAKE CLARKE SHORES FL 33406</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>08/19/1993</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>65-0433054</b>	
City & State <b>23</b>		City & State <b>28</b>		Applied For Not Applicable	
Zip <b>24</b>		Country <b>25</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip <b>29</b>		Country <b>30</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RASMUSSEN, NEIL I  
1825 MEDITERRANEAN RD  
LAKE CLARKE SHORES FL 33406**

10. Name and Address of New Registered Agent

81 Name <b>Philip N. Rasmussen</b>	85 Zip Code <b>33461</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>59 Lake Arbor Drive</b>	
83	
84 City <b>Palm Springs</b>	
85 State <b>FL</b>	

11. Pursuant to the provisions of Sections 607.002 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Philip Rasmussen*  
Signature, typed or printed name of registered agent and title if applicable.

**Philip Rasmussen, President**

**3/22/99**

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>RASMUSSEN, NEIL I</b>		1.2 NAME	
STREET ADDRESS <b>1825 MEDITERRANEAN RD</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>LAKE CLARKES SHS FL 33406</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>RASMUSSEN, FRANCES R</b>		2.2 NAME	
STREET ADDRESS <b>1825 MEDITERRANEAN RD</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>LAKE CLARKES SHS FL 33406</b>		2.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>President</b>
NAME <b>RASMUSSEN, PHILIP N</b>		3.2 NAME	<b>Rasmussen, Philip N.</b>
STREET ADDRESS <b>59 LAKE ARBOR DR</b>		3.3 STREET ADDRESS	<b>59 Lake Arbor Dr.</b>
CITY-ST-ZIP <b>PALM SPRINGS FL 33461</b>		3.4 CITY-ST-ZIP	<b>Palm Springs, FL 33461</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Philip Rasmussen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Philip Rasmussen, President**

**3/22/99**

Date

Daytime Phone #

CR2E034 (11/98)