

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000060303

**FILED**  
**Jan 16, 2012**  
**Secretary of State**

**Entity Name:** NEVILLE ENTERPRISES, INC.

**Current Principal Place of Business:**

3501 BELL SHOALS RD.  
VALRICO, FL 33596

**New Principal Place of Business:**

**Current Mailing Address:**

3501 BELL SHOALS RD.  
VALRICO, FL 33596

**New Mailing Address:**

**FEI Number:** 65-0512237

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEVILLE, LAWRENCE D  
3501 BELL SHOALS RD.  
VALRICO, FL 33594 US

**Name and Address of New Registered Agent:**

NEVILLE, LAWRENCE D  
4404 RIVER OVERLOOK DR  
VALRICO, FL 33596 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

01/16/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: NEVILLE, LAWRENCE D  
Address: 4404 RIVER OVERLOOK DRIVE  
City-St-Zip: VALRICO, FL 33596

Title: S/T  
Name: NEVILLE, JENNIFER L  
Address: 4404 RIVER OVERLOOK DRIVE  
City-St-Zip: VALRICO, FL 33596

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAWRENCE D NEVILLE

P

01/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date