FILED
Apr 09, 2008 08:00 A
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000080036

1. Entity Name
NEAL AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
5185 FLAX RD. PENSACOLA, FL 32504	5185 FLAX RD PENSACOLA, FL 32504

(P94000080036P)

DO NOT WRITE IN THIS SPACE

04052008 No Chg-P CR2E034 (11/05)

4 FEI Number
59-3292040
☐ Applied For
☐ Not Applicable

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

6 Name and Address of Current Registered Agent

NEAL, LARRY M
5185 FLAX RD
PENSACOLA, FL 32504

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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 _____

000008316T1
04/21/08-80025-018 150.00

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
TITLE	P
NAME	NEAL, LARRY M
STREET ADDRESS	5185 FLAX RD
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Larry M. Neal LARRY M. NEAL Pres. 4-7-08 850-479-7355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

IMPORTANT INSTRUCTIONS