2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000037915

1. Entity Name
CHARLES NEELY CORPORATION

Principal Place of Business	Mailing Address
3435 N DR. MARTIN LUTHER KING JR. DRIVE PENSACOLA, FL 32503	P O BOX 2189 PENSACOLA, FL 32513

04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3374698
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SNYDER, DIANE
3435 N DR. MARTIN LUTHER KING JR. DRIVE
PENSACOLA, FL 32503

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	SNYDER, DIANE
STREET ADDRESS	3435 N. DR. MARTIN LUTHER KINIG JR. DR.
CITY-ST-ZIP	PENSACOLA, FL
TITLE	VDS
NAME	SNYDER, ROBERT E
STREET ADDRESS	3435 N. DR. MARTIN LUTHER KING JR. DR.
CITY-ST-ZIP	PENSACOLA, FL
TITLE	P
NAME	BALTHROP, JAMES P
STREET ADDRESS	3435 DR. MARTIN LUTHER KING JR.
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000348567
05/02/05-80030-006 150.00

DO NOT WRITE IN THIS SPACE

12. 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 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 P. Balthrop Jr James P. Balthrop 4/27/05 850-432-0432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #