2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000020831

1. Entity Name TERRY T. NEAL, INC.



Principal Place of Business

7233 SPRING MOUNTAIN LANE YALAHA, FL 32797 US

Mailing Address

P.O. BOX 490327

LEESBURG, FL 34749-0327 US

FILED Mar 09, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 02282007 No Chg-P

4. FEI Number 59-3430997

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and Address	of (Current	Reg	istered	Agent			

NEAL, TERRY T 7233 SPRING MOUNTAIN LANE YALAHA, FL 32797

SIGNATURE: \(\)

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or re	egistered agent, or bo	th, in the State of Florida.	I am tamiliar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	f applicable (NQTE: Registered	Agent signature	required when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST NEAL, TERRY T 7233 SPRING MOUNTAIN LANE YALAHA, FL 32797						
TITLE NAME STREET ADDRESS CITY-ST-ZIP)661488 -80043-008	3 150.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WR	ITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPA	CE	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP						* 1	, '
TITLE NAME STREET ADDRESS CITY-ST-ZIP	• ,			•			
12. I hereby of indicated of the corchanged.	certify that the information supplied with this f on this report or supplemental report is true a poration or the receiver or posted empowere , or on an attachment with an address, with a	iling does not qualify for the exe and accurate and that my signal d to execute this report as requil fother like exipowered.	emptions co ure shall haved by Chap	ntained in Chapter 11 ve the same legal effe iter 607, Florida Statut	 Florida Statutes. I furth ct as if made under oath; es; and that my name app 	er certify that the inthat I am an office opears in Block 10 c	nformation r or director ir Block 11 if

NAME OF SIGNING OFFICER OR DIRECTOR