

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000078302

1. Entity Name
MCNEIL MANAGEMENT ASSOCIATES, INC.



Principal Place of Business
PO BOX 91013
LAKELAND, FL 33804

Mailing Address
PO BOX 91013
LAKELAND, FL 33804



07212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3548979

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCNEIL, BARBARA
8703 SCANDANAVIA BLVD
LAKELAND, FL 33833

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MCNEIL, BARBARA
STREET ADDRESS PO BOX 91013 N/A
CITY-ST-ZIP LAKELAND, FL 33804

TITLE
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07/27/06-80008-017 150.00

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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: *Barbara McNeil*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-06
Date

863 687 6154
Daytime Phone #