## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Jan 27, 2005 08:00 AM DOCUMENT # S20089 **Secretary of State** 1. Lntity Name CHARLES J. NEAL, INC. Principal Place of Business Mailing Address 150 153RD AVE 150-153RD AVE STE 302 SUITE 302 MADEIRA BCH, FL 33708 MADEIRA BEACH, FL 33708 US No Chg-P 01242005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied Far 4. FLI Number 59-3042549 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NEAL, CHARLES J. DO NOT WRITE 10791 64TH AVE. NORTH SEMINOLE, FL 34642 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. Lam familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when revistating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be U00000199703 Trust Fund Contribution. Added to Fees 01/27/05-80095-008 150.00 OFFICERS AND DIRECTORS 10. 1013 NAME NEAL, CHARLES J. 10791 64TH AVE NORTH STREET ADDRESS SEMINOLE, FL CUY-SI-ZP MILE NAME STREET ADDRESS CHY-SI-ZIP hitle NAME STREET ADDRESS DO NOT WRITE DITY-ST-7P 1911) IN THIS SPACE NAME STREET ADDRESS. GHY-ST-/IP Itte

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes 1 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:

MAME STREET ADDRESS CITY-SI-/IP Blife NAME STREET ADDRESS CHY-ST-ZIP

CHARLES J. NIEAL

727-392 586