

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90029 024 ***150.00

DOCUMENT # S43651

1. Entity Name

SANDRA MCNEIL & COMPANY, INC.



Principal Place of Business

825-B EAST GULF BLVD.
INDIAN ROCKS BCH FL 33785
US

Mailing Address

825-B EAST GULF BLVD.
INDIAN ROCKS BCH FL 34635
US

34040000



MOORE

CR2E034 (11/03)

2. Principal Place of Business

1088 Oakridge W
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Deerfield Beach FL

City & State

City & State

4. FEI Number

59-3089470

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANDRA A MCNEIL
825B E GULF BLVD
INDIAN ROCKS BCH FL 34635

new
address:

7. Name and Address of New Registered Agent

Name: Sandra A. McNeil
Street Address (P.O. Box Number is Not Acceptable):
1088 Oakridge W
Deerfield Beach
City: Deerfield Beach FL Zip Code: 33442

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

Sandra A. McNeil

4-1-04

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

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SANDRA A MCNEIL	
STREET ADDRESS	825B E GULF BLVD	
CITY-ST-ZIP	INDIAN ROCKS BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Sandra A. McNeil

4-1-04

727-463-5505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #