


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # S86343
 1. Entry Name
 NEVILLE & ASSOCIATES, P.A.



Principal Place of Business Mailing Address
 161 ARAGON AVE. 5150 S W 75TH STREET
 CORAL GABLES, FL 33134 US MIAMI, FL 33143 US

DO NOT WRITE IN THIS SPACE



03092004 No Chg-P CR2E034 (10/03)

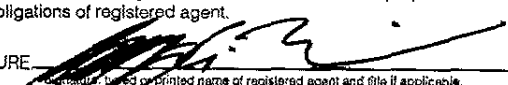
4. FEI Number Applied For
 65-0293950 Not Applicable

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

6. Name and Address of Current Registered Agent
 GREGORY A NEVILLE
 5150 S W 75TH STREET
 MIAMI, FL 33143

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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: 4/14/04

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U00000115934
 04/16/04-80044-006 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | P |
| NAME | NEVILLE, DEBRA A |
| STREET ADDRESS | 5150 S W 75TH STREET |
| CITY-ST-ZIP | MIAMI, FL 33143 |
| TITLE | VP |
| NAME | NEVILLE, GREGORY A |
| STREET ADDRESS | 5150 S W 75TH STREET |
| CITY-ST-ZIP | MIAMI, FL 33143 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:  DATE: 4/14/04 DAYTIME PHONE #: 305-476-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #