700310100000 95206677 2004 FOR PROFIT CORPORATION

ANNUAL REPORT

Secretary of State 03-16-2004 90026 045 ***150.00 **DOCUMENT # 137333** MCKAY POINT PROPERTIES, INC. Principal Place of Business Mailing Address 5225 SNEAD ISLAND RD SNEADS ISLAND ROAD PALMETTO, FL 34221 P. O. BOX 367 14000056 PALMETTO, FL 34220-0367 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03112004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2470508 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -~7. Name and Address of New Registered Agent JAMES A. ALDERMAN, JR. 712 1/2 32ND AVE. W. Street Address (P.O. Box Number is Not Acceptable) PALMETTO, FL 33561 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITI F ☐ Change ☐ Addition ALDERMAN, J.A. JR NAME STREET ADDRESS 712 1/2 32ND AVE W STREET ADDRESS CITY-ST-ZIP PALMETTO, FL CITY-ST-ZIP VD TITLE ☐ Delete TITLE ☐ Change ☐ Addition ALDERMAN, GARY G NAME NAME STREET ADDRESS 702-32ND AVE W STREET ADDRESS CITY-ST-ZIP PALMETTO, FL 34221 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition ALDERMAN, MARIBEL C NAME STREET ADDRESS PO BOX 567 STREET ADDRESS CITY-ST-ZIP PALMETTO, FL 34220 CITY-ST-ZIP ☐ Delete TITLE Change Addition ALDERMAN, CAROL NAME NAME 702-32ND AVE W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALMETTO, FL 34221 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS

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 charged, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGN	JTAI	JRE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

3-12-04

Daytime Phone #

☐ Change

☐ Addition

FILED

Mar 16, 2004 8:00 am