

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # 137333

1. Entity Name
MCKAY POINT PROPERTIES, INC.



Principal Place of Business
5225 SNEAD ISLAND RD
PALMETTO, FL 34221

Mailing Address
SNEADS ISLAND ROAD
P. O. BOX 367
PALMETTO, FL 34220-0367



02192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2470508

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JAMES A. ALDERMAN, JR.
712 1/2 32ND AVE. W.
PALMETTO, FL 33561

**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
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALDERMAN, J A JR
STREET ADDRESS	712 1/2 32ND AVE W
CITY- ST- ZIP	PALMETTO, FL
TITLE	VD
NAME	ALDERMAN, GARY G
STREET ADDRESS	702-32ND AVE W
CITY- ST- ZIP	PALMETTO, FL 34221
TITLE	SD
NAME	ALDERMAN, MARIBEL C
STREET ADDRESS	PO BOX 567
CITY- ST- ZIP	PALMETTO, FL 34220
TITLE	TD
NAME	ALDERMAN, CAROL
STREET ADDRESS	702-32ND AVE W
CITY- ST- ZIP	PALMETTO, FL 34221
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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03/26/08-80037-023 150.00

**DO NOT WRITE
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:

Maribel C. Alderman, Jr. **Maribel C. Alderman, Jr.** **3-7-08** **941-722-2400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #