



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90054 049 ***150.00

DOCUMENT # 258450 1. Entity Name MCKINNON CORPORATION					
Principal Place of Business 15400 OAKLAND AVENUE OAKLAND, FL 34760-0979 US			Mailing Address POB 979 WINTER GARDEN, FL 34787 US		
2. Principal Place of Business - No P.O. Box # 15400 OAKLAND AVENUE Suite, Apt. #, etc.		3. Mailing Address P.O. Box 979 Suite, Apt. #, etc.			
City & State WINTER GARDEN, FL		City & State Oakland, FL		4. FEI Number 59-0953106	
Zip 34787		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOYD, MAURICE M 15400 OAKLAND AVENUE WINTER GARDEN, FL 34787			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOYD, SCOTT S 15400 OAKLAND AVE WINTER GARDEN, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BOYD, GRETCHEN O 15400 OAKLAND AVE WINTER GARDEN, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOYD, MAURICE M 15400 OAKLAND AVE WINTER GARDEN, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, ELIZABETH M 15400 OAKLAND AVE WINTER GARDEN, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIATT, JEAN M 15400 OAKLAND AVE WINTER GARDEN, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: MAURICE M. BOYD, PRESIDENT  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
4/2/07			407-656-1333		
Date			Daytime Phone #		