

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90008 040 ***150.00

DOCUMENT # 279637

1. Entity Name

MCKINLEY HOMES, INC.



Principal Place of Business

**17261 O'HARA DR
PORT CHARLOTTE FL 33948
US**

Mailing Address

**17261 O'HARA DR
PORT CHARLOTTE FL 33948
US**

2. Principal Place of Business

1751 Papillon Street
Suite, Apt. #, etc.

North Port, FL
City & State

34287
Zip

Country

USA

3. Mailing Address

1751 Papillon Street
Suite, Apt. #, etc.

North Port, FL
City & State

34287
Zip

Country

USA



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-1054387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCKINLEY, ROBERT
17261 O'HARA DR
PORT CHARLOTTE FL 33948**

7. Name and Address of New Registered Agent

Name
McKinley, Robert
Street Address (P.O. Box Number is Not Acceptable)
1751 Papillon Street
North Port,
City
North Port **FL** Zip Code
34287

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 **Robert McKinley, Pres.**
Signature, typed or printed name of registered agent and title if applicable

Robert McKinley

(NOTE: Registered Agent signature required when reinstating)

March 25, 2005
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 **PD** ☐ Delete
NAME **MCKINLEY, ROBERT**
STREET ADDRESS **17261 O'HARA DR.**
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE **STD** ☐ Delete
NAME **MCKINLEY, DOROTHY**
STREET ADDRESS **17261 O'HARA DR**
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **McKinley, Robert**
STREET ADDRESS **1751 Papillon Street**
CITY-ST-ZIP **North Port, FL 34287**

TITLE **STD** ☒ Change ☐ Addition
NAME **McKinley, Dorothy**
STREET ADDRESS **1751 Papillon Street**
CITY-ST-ZIP **North Port, FL 34287**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Dorothy McKinley** **Dorothy McKinley, STD** **3-25-05** **941 423-6274**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #