


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Aug 07, 2007 08:00 AM
Secretary of State

DOCUMENT # 279637 1. Entity Name MCKINLEY HOMES, INC.	
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Principal Place of Business 1751 PAPILLON STREET NORTH PORT, FL 34287 US	Mailing Address 1751 PAPILLON STREET NORTH PORT, FL 34287 US
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DO NOT WRITE IN THIS SPACE



07312007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1054387	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCKINLEY, ROBERT 1751 PAPILLON STREET NORTH PORT, FL 34287

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000771645 08/07/07 00010 023 550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKINLEY, ROBERT 1751 PAPILLON STREET NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCKINLEY, DOROTHY 1751 PAPILLON STREET NORTH PORT, FL 34287
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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: Dorothy M McKinley Dorothy M McKinley 7-31-07 (231) 627-4784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #