

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 419129

1. Entity Name
CARLTON & MCKINNEY, INC.



Principal Place of Business
**705 NORTH MAIN STREET
PO BOX 790
CROSS CITY, FL 32628 US**

Mailing Address
**POST OFFICE BOX 790
705 NORTH MAIN STREET
CROSS CITY, FL 32628 US**

FILED

04 JAN -7 AM 10:42

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



01062004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-1445825

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCKINNEY JR., J. M.
705 NORTH MAIN STREET
CROSS CITY, FL 32628**

**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, 2004 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	MCKINNEY, JR. J M
STREET ADDRESS	810 N CEDAR STREET
CITY-ST-ZIP	CROSS CITY, FL
TITLE	ST
NAME	WEST, CAROL M
STREET ADDRESS	705 N MAIN ST (PO BOX 2461)
CITY-ST-ZIP	CROSS CITY, FL 32628
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**500026344885
01/07/04--01034--006 **150.00**

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IN THIS SPACE**

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: **Carol M. West Sec-Treas**

1/6/04

352-498-5572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #