

**2005 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	
2. Principal Place of Business 16408 SE 19 Highway Suite, Apt. #, etc. n/a		3. Mailing Address P O Box 790 Suite, Apt. #, etc.	
City & State Cross City, FL 32628		City & State Cross City, FL 32628	
Zip 	Country 	Zip 	Country
4. FEI Number 59-1445825		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 MCKINNEY JR., J. M. 705 NORTH MAIN STREET CROSS CITY, FL 32628		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 16408 SE 19 Highway (new 911 address) City same 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PD MCKINNEY, JR. J M 810 N CEDAR STREET CROSS CITY, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WEST, CAROL M 705 N MAIN ST (PO BOX 2461) CROSS CITY, FL 32628	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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: <u><i>Carol West</i></u>		Date: <u>1/5/05</u> Daytime Phone #: <u>352-498-5572</u>	

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