


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 A
Secretary of State

DOCUMENT # 419129	
1. Entity Name CARLTON & MCKINNEY, INC.	

Principal Place of Business 16408 SE 19 HIGHWAY CROSS CITY, FL 32628 US	Mailing Address POST OFFICE BOX 790 CROSS CITY, FL 32628 US
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01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, CAROL WEST 16408 SE 19 HIGHWAY 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WEST, CAROL M POB 332 SUWANNEE, FL 32692
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCKINNEY, NORRIS F PO BOX 332 CROSS CITY, FL 32628
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCKINNEY-COATES, CANDY 11134 PENNEWAW TR TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/08/08-80004-023 150.00

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: *Carol West, President (Carol M. West)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/08 (312) 498 5000
Date Daytime Phone #