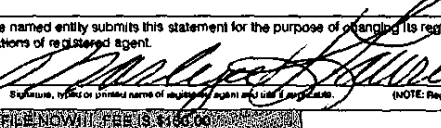
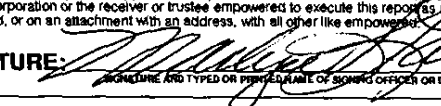


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F02000000046			
1. Entity Name MCKASY & ASSOCIATES SALES, INC.			
Principal Place of Business 2306 LITTLE COUNTRY RD PARRISH, FL 34219		Mailing Address 2306 LITTLE COUNTRY RD PARRISH, FL 34219	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 41-1624118		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAURITZEN, DARRYL 2306 LITTLE COUNTRY RD PARRISH, FL 34219		7. Name and Address of New Registered Agent Name Marlyce Lauritzen Street Address (P.O. Box Number is Not Acceptable) 2306 Little Country Rd. City Parrish FL Zip Code 34219	
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 date (NOTE: Registered Agent's signature required when re-appointing)		DATE 11/2/03	
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$81.26 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LAURITZEN, DARRYL 2306 LITTLE COUNTRY RD. PARRISH, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Marlyce Lauritzen 2306 Little Country Rd. Parrish, FL 34219 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  Signature, typed or printed name of signing officer or director		Date 9/1/06 8811 Caryline Phone #	

CPRE034 (10/02)

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