


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F02000003158</b> 1. Entity Name <b>MCKINNEY AND COMPANY, INC.</b>	
---	---

Principal Place of Business <b>100 SOUTH RAILROAD AVE. ASHLAND, VA 23005</b>	Mailing Address <b>P.O. BOX 109 ASHLAND, VA 23005</b>
---	--



03012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>54-1763116</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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 file if applicable (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000263075 03/18/05-80067-010 150.00</b>
---	---	---

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO MCKINNEY, ARTHUR W 100 SOUTH RAILROAD AVE. ASHLAND, VA 23005</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES WILSON, FRANKLYN B 100 SOUTH RAILROAD AVE. ASHLAND, VA 23005</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP HART, H. GARRETT III 100 SOUTH RAILROAD AVE. ASHLAND, VA 23005</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST RANDALL, MELANIE E 100 SOUTH RAILROAD AVE. ASHLAND, VA 23005</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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)(f), 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: Melanie Randall **3-1-05 804-7981451**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #