

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F07980

1. Entity Name
MCKILLOP & SON, INC.



Principal Place of Business
2112-A WHITFIELD PARK AVE
SARASOTA, FL 34243 US

Mailing Address
2112-A WHITFIELD PARK AVE
SARASOTA, FL 34243 US



01262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2053419

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCKILLOP, H ROBERT
2112 A WHITFIELD PARK AVE
SARASOTA, FL 34243

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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	P
NAME	MCKILLOP, ROBERT H
STREET ADDRESS	2112 -A WHITFIELD PARK AVE
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	VP
NAME	MCKILLOP, PATRICIA
STREET ADDRESS	2112-A WHITFIELD PARK AVE
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	S
NAME	AMORE, ELIZABETH A
STREET ADDRESS	2112-A WHITFIELD PARK AVE
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

Elizabeth A Amore Elizabeth A Amore

1/30/04 941-994-6033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #