


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90013 042 \*\*\*150.00

<b>DOCUMENT # F07980</b> 1. Entity Name <b>MCKILLOP &amp; SON, INC.</b>	
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Principal Place of Business <b>2112-A WHITFIELD PARK AVE SARASOTA, FL 34243 US</b>	Mailing Address <b>2112-A WHITFIELD PARK AVE SARASOTA, FL 34243 US</b>
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2. Principal Place of Business <b>4471 Northgate Ct.</b>	3. Mailing Address <b>4471 Northgate Ct.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Sarasota, FL</b>	City & State <b>Sarasota, FL</b>
Zip <b>34234</b>	Country
Zip <b>34234</b>	Country

02272006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2053419</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>MCKILLOP, H ROBERT 2112 A WHITFIELD PARK AVE SARASOTA, FL 34243</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>4471 Northgate Ct.</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34234</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCKILLOP, ROBERT H 2112 -A WHITFIELD PARK AVE SARASOTA, FL 34243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4471 Northgate Ct. Sarasota, FL 34234</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCKILLOP, PATRICIA 2112-A WHITFIELD PARK AVE SARASOTA, FL 34243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4471 Northgate Ct. Sarasota, FL 34234</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AMORE, ELIZABETH A 2112-A WHITFIELD PARK AVE SARASOTA, FL 34243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4471 Northgate Ct. Sarasota, FL 34234</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **X # Robert McKillop** **X 3/13/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #