

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F07980

1. Entity Name  
MCKILLOP INVESTMENTS, INC.



**FILED**  
**Apr 17, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business

4475 NORTH GATE CT  
SARASOTA, FL 34234 US

Mailing Address

4475 NORTH GATE CT  
SARASOTA, FL 34234 US



03102008 No Chg-P CR2E034 (11/05)

**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, PATRICIA L  
4475 NORTH GATE CT  
SARASOTA, FL 34243

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRES  
MCKILLOP, PATRICIA L  
4475 NORTHGATE CT.  
SARASOTA, FL 34243

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
CHAFATELLI, JOSEPH S  
4475 NORTHGATE CT  
SARASOTA, FL 34234

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S/T  
MCKILLOP, PATRICIA L  
4475 NORTHGATE CT  
SARASOTA, FL 34234

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000902237  
04/29/08-90100-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Patricia L McKillop*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31-08

Date

Daytime Phone #