

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07980

Entity Name: MCKILLOP INVESTMENTS, INC.

FILED  
Apr 03, 2009  
Secretary of State

## Current Principal Place of Business:

4475 NORTH GATE CT  
SARASOTA, FL 34234 US

## New Principal Place of Business:

4475 NORTHGATE CT  
SARASOTA, FL 34234 US

## Current Mailing Address:

4475 NORTH GATE CT  
SARASOTA, FL 34234 US

## New Mailing Address:

4475 NORTHGATE CT  
SARASOTA, FL 34234 US

FEI Number: 59-2053419

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCKILLOP, PATRICIA L  
4475 NORTH GATE CT  
SARASOTA, FL 34243 US

## Name and Address of New Registered Agent:

HULEN, PATRICIA L  
4475 NORTHGATE CT  
SARASOTA, FL 34243 US

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.

SIGNATURE: PATRICIA L HULEN

04/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: MCKILLOP, PATRICIA L  
Address: 4475 NORTHGATE CT.  
City-St-Zip: SARASOTA, FL 34243

Title: VP ( ) Delete  
Name: CHAFATELLI, JOSEPH S  
Address: 4475 NORTHGATE CT  
City-St-Zip: SARASOTA, FL 34234

Title: S/T ( ) Delete  
Name: MCKILLOP, PATRICIA L  
Address: 4475 NORTHGATE CT  
City-St-Zip: SARASOTA, FL 34234

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: HULEN, PATRICIA L  
Address: 4475 NORTHGATE CT.  
City-St-Zip: SARASOTA, FL 34243

Title: VP (X) Change ( ) Addition  
Name: HULEN, PATRICIA L  
Address: 4475 NORTHGATE CT  
City-St-Zip: SARASOTA, FL 34234

Title: S/T (X) Change ( ) Addition  
Name: HULEN, PATRICIA L  
Address: 4475 NORTHGATE CT  
City-St-Zip: SARASOTA, FL 34234

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA L HULEN

PRES

04/03/2009

Electronic Signature of Signing Officer or Director

Date