

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90038 013 \*\*\*150.00

DOCUMENT # F99000005960

1. Entity Name  
MCKINNA CORPORATION



Principal Place of Business  
400 ROBERTS ROAD  
FLAGLER BEACH, FL 32136

Mailing Address  
400 ROBERTS ROAD  
FLAGLER BEACH, FL 32136

50004138



01152005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
33-0697859

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MITCHELL E. JACOBS, P.A.  
15001 N.W. 42ND AVE. SUITE 121  
MIAMI, FL 33054

**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, 2005 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	DV MILLION, CAROLYN B 129 FRONT STREET PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCD MILLION, ROBERT B 129 FRONT STREET PALM COAST, FL 32137
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**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)(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: ROBERT B. MILLION PRESIDENT 1-15-05 386-439-5272  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #