

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 07, 2005 8:00 am
Secretary of State

07-07-2005 90004 016 ***550.00

DOCUMENT # H93945

1. Entity Name

JOHN MCKIE INCORPORATED



Principal Place of Business

1941 N.W. 21 TERRACE
MIAMI FL 33142

Mailing Address

1941 N.W. 21 TERRACE
MIAMI FL 33142

2. Principal Place of Business

2005 NW 21 TERRACE
Suite, Apt. #, etc.
MIAMI, FL

3. Mailing Address

2005 NW 21 TERRACE
Suite, Apt. #, etc.
MIAMI, FL

City & State

City & State

Zip

Country

33142

Zip

Country

33142

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THERASSE, JOHN
1941-B N.W. 21 TERRACE
MIAMI FL 33142

Name

Street Address (P.O. Box Number is Not Acceptable)

2005 NW 21 TERRACE

City

MIAMI

FL

Zip Code

33142

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

John Therasse

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6/30/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME THERASSE, JOHN
STREET ADDRESS 1941 N.W. 21 TERRACE
CITY-ST-ZIP MIAMI FL 33142 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PROS.
NAME JOHN THERASSE
STREET ADDRESS 2005 NW 21 TERRACE
CITY-ST-ZIP MIAMI, FL 33142 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

John Therasse JOHN THERASSE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/05

Date

305 796 6002

Daytime Phone #