

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 03, 2005 08:00 AM
Secretary of State

DOCUMENT # J83597

1. Entity Name
4243, INC.



Principal Place of Business
6141 SW 56TH COURT
DAVIE, FL 33314 US

Mailing Address
PO BOX 350584
FORT LAUDERDALE, FL 33335 US



07272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0069836

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCKAMEY, SHAWN B
888 SE 3RD AVENUE
SUITE 301
FORT LAUDERDALE, FL 33316

**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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
MCKAMEY, BRUCE R.
6141 SW 56TH COURT
DAVIE, FL 33314

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
MCKAMEY, SHAWN B.
888 SE 3RD AVE., SUITE 301B
FT. LAUDERDALE, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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CITY - ST - ZIP

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08/03/05-80002-022 150.00

**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)(f), 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:

Bruce R. McKamey, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/05 954-629-7081
Date Daytime Phone #

BRUCE R. MCKAMEY, PRES.