

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K05184

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: MC GINNIS ENTERPRISES, INC.

**Current Principal Place of Business:**

2120 DORIA STREET  
PORT CHARLOTTE, FL 33952 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 510125  
PUNTA GORDA, FL 339510125

**New Mailing Address:**

FEI Number: 65-0016182      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCGINNIS, WALTER E.  
2120 DORIA STREET  
PORT CHARLOTTE, FL 33952 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: MCGINNIS, WALTER E.,  
Address: 2120 DORIA STREET  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D ( ) Delete  
Name: MCGINNIS, WALTER E.,  
Address: 2120 DORIA STREET  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: T ( ) Delete  
Name: WILSON, STANLEY E.  
Address: 299 FERRIS DRIVE  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: WILSON, STANLEY E.  
Address: 199 FERRIS DRIVE  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP ( ) Change (X) Addition  
Name: MCGINNIS, PATRICK D  
Address: 21471 CIRCLEWOOD AVE  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

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: STANLEY E WILSON JR.

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04/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date