

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90027 037 \*\*\*150.00

**DOCUMENT # P00000005664**

1. Entity Name  
**MCKINZIE INTERIORS INC.**



Principal Place of Business  
**350 ELDRIDGE DRIVE  
SUITE 3  
ORANGE PARK FL 32073**

Mailing Address  
**350 ELDRIDGE DRIVE  
SUITE 3  
ORANGE PARK FL 32073**

2. Principal Place of Business  
**350 Eldridge Ave**  
Suite, Apt. #, etc.  
**Suite 3**  
City & State  
**Orange Park, Florida**  
Zip  
**32073** Country  
**Clay**

3. Mailing Address  
**350 Eldridge Ave**  
Suite, Apt. #, etc.  
**Suite 3**  
City & State  
**Orange Park, Florida**  
Zip  
**32073** Country  
**Clay**



MOORE CR2E034 (11/03)

4. FEI Number **59-3615617** Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent  
**MCKINZIE, BARBARA J  
665 NELSON DRIVE  
ORANGE PARK FL 32073**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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]* (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!!! FEE IS \$150.00**  
**After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P MCKINZIE, BARBARA J 665 NELSON DRIVE ORANGE PARK FL 32073</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VST MCKINZIE, TERESA 188 OLD HARD ROAD ORANGE PARK FL 32003</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-23-04** Daytime Phone # **208-5516**