

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000030324

Entity Name: MCKINNEY COMPANIES, INC.

FILED
Apr 29, 2004
Secretary of State

Current Principal Place of Business:

5212 TIMUCUA CIRCLE
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

5212 TIMUCUA CIRCLE
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 35-1654474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKINNEY, JERRY
5212 TIMUCUA CIRCLE
ST. AUGUSTINE, FL 32086

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: PTD () Delete
Name: MCKINNEY, JERRY
Address: 5212 TIMUCUA CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VSD () Delete
Name: MCKINNEY, DEBBRA
Address: 5212 TIMUCUA CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VSD (X) Change () Addition
Name: MCKINNEY, DEBBRA A
Address: 5212 TIMUCUA CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32086

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DEBBRA MCKINNEY

VSD

04/29/2004

Electronic Signature of Signing Officer or Director

Date