

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90105 043 \*\*\*150.00

**DOCUMENT # P01000035844**

1. Entity Name  
**FLETCHER MCKINNEY, INC.**



Principal Place of Business  
**307 PONTOTOC ST.  
AUBURNDALE, FL 33823**

Mailing Address  
**P. O. BOX 980  
AUBURNDALE, FL 33823**

40004000



2. Principal Place of Business - No P.O. Box #  
**4291 Old 9 Foot Rd.**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 1440**  
Suite, Apt. #, etc.

01172007 Chg-P CR2E034 (12/06)

City & State  
**Eagle Lake, FL**  
Zip  
**33839** Country  
**USA**

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4. FEI Number  
**59-3713029** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**MCKINNEY, FLETCHER  
307 PONTOTOC ST.  
AUBURNDALE, FL 33823**

**4291 Old 9 Foot Rd  
Eagle Lake, FL  
33839**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
D	MCKINNEY, FLETCHER	307 PONTOTOC ST.	AUBURNDALE, FL 33823	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
D	Mckinney, Fletcher	4291 Old 9 Foot Rd	Eagle Lake, FL 33839	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
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 exemptions contained 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 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 an other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/17/07 863-206-1482**  
Date Daytime Phone #