

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90147 024 ***150.00

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02172005 Chg-P CR2E034 (10/03)

4. FEI Number **57-1169932** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCKINNEY, WILLIAM P III
7198 CAMFIELD STREET
JACKSONVILLE, FL 32222

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MCKINNEY, WILLIAM P III	
STREET ADDRESS	7198 CAMFIELD STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32222	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MCKINNEY, WILLIAM P IV	
STREET ADDRESS	1176 DANCY ST.	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HUTCHINS, EDWARD E	
STREET ADDRESS	12679 JULINGTON PINES LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MCKINNEY, RUTH F	
STREET ADDRESS	7198 CAMFIELD ST.	
CITY-ST-ZIP	JACKSONVILLE, FL 32222	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

William P McKinney

William P McKinney

2-20-2005

904-838-4815

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #