

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90003 017 ***150.00

DOCUMENT # P03000105993

1. Entity Name

MARK MCKINNEY PLUMBING, INC.



Principal Place of Business

82 CLAUDE WHIDDEN DR
QUINCY FL 32352

Mailing Address

82 CLAUDE WHIDDEN DR
QUINCY FL 32352

44010484



MOORE

CR2E034 (11/03)

2. Principal Place of Business

82 CLAUDE WHIDDEN DR
Suite, Apt. #, etc.

3. Mailing Address

82 CLAUDE WHIDDEN DR
Suite, Apt. #, etc.

City & State

Quincy FL

City & State

Quincy FL

4. FEI Number

141896306

Applied For

Not Applicable

Zip

32352

Country

USA

Zip

32352

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCKINNEY, MARK
82 CLAUDE WHIDDEN DR
QUINCY FL 32352

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	MCKINNEY, MARK	
STREET ADDRESS	82 CLAUDE WHIDDEN DR	
CITY-ST-ZIP	QUINCY FL 32352	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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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
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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:

Mark McKinney MARK MCKINNEY

Date

2/5/04

Daytime Phone #

850-508-0634