2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P03000110811 02-02-2004 90020 018 ***150.00 DANIEL MCKINNEY CONSTRUCTION INC. Principal Place of Business Mailing Address 16943 PLATINUM DR. 16943 PLATINUM DR. SPRINGHILL, FL 34610 SPRINGHILL, FL 34610 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 01282004 CR2E034 (10/03) 4. FEI Number Applied For City & State City & State 81 0635589 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCKINNEY, DANIEL Street Address (P.O. Box Number is Not Acceptable) 16943 PLATINUM DR. SPRINGHILL, FL 34610 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE TITLE ☐ Detete NAME MCKINNEY, DANIEL NAME STREET ADDRESS 16943 PLATINUM DR. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SPRINGHILL, FL 34610 ☐ Change ☐ Addition TITLE TITLE ☐ Delete MCKINNEY, CHARLES NAME NAME STREET ADDRESS 16943 PLATINUM DR. STREET ADDRESS CITY-ST-ZIP SPRINGHILL, FL 34610 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE MCKINNEY, SCOTT NAME NAME 16943 PLATINUM DR. STREET ADDRESS STREET ADDRESS SPRINGHILL, FL 34610 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TIT) F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

AND TYPED OR PRINTED NAME OF STANING OFFICER OR

FILED

Feb 02, 2004 8:00 am

727 841-1080

Daytime Phone #