

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000110811 1. Entity Name DANIEL MCKINNEY CONSTRUCTION INC.	
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Principal Place of Business 16943 PLATINUM DR. SPRINGHILL FL 34610 US	Mailing Address 16943 PLATINUM DR. SPRINGHILL FL 34610 US
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt #, etc.	Suite, Apt #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent MCKINNEY, DANIEL 16943 PLATINUM DR. SPRINGHILL FL 34610	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>
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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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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		<input type="checkbox"/> Delete
TITLE	P MCKINNEY, DANIEL	
NAME	16943 PLATINUM DR.	
STREET ADDRESS	SPRINGHILL FL 34610	
CITY- ST- ZIP		
TITLE	VP MCKINNEY, CHARLES	<input type="checkbox"/> Delete
NAME	16943 PLATINUM DR.	
STREET ADDRESS	SPRINGHILL FL 34610	
CITY- ST- ZIP		
TITLE	VP MCKINNEY, SCOTT	<input type="checkbox"/> Delete
NAME	16943 PLATINUM DR.	
STREET ADDRESS	SPRINGHILL FL 34610	
CITY- ST- ZIP		
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		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE	U00000196440		
NAME	01/26/05-80069-008 150.00		
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Daniel McKinney* 1-21-05 727 841-1080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #