

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000123141

1. Entity Name
LLOYD O. MCKENRICK, INC.



FILED
Feb 28, 2005 08:00 AM
Secretary of State

Principal Place of Business
**13151 SE 120TH ST.
OCKLAWAHA, FL 32179**

Mailing Address
**13151 SE 120TH ST.
OCKLAWAHA, FL 32179**



02242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-1072451	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCKENRICK, LLOYD O
13151 SE 120TH ST.
OCKLAWAHA, FL 32179**

**DO NOT WRITE
IN THIS SPACE**

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 ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCKENRICK, LLOYD O 13151 SE 120TH ST. OCKLAWAHA, FL 32179
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MCKENRICK, RUTH B 13151 SE 120TH ST. OCKLAWAHA, FL 32179
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/28/05-80061-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Lloyd O. McKenrick

Ruth B. McKenrick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-05

Date

352 388-4973

Daytime Phone #