


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 23, 2004 8:00 am**  
**Secretary of State**

06-23-2004 90002 030 \*\*\*150.00

**DOCUMENT # P03000146367**

1. Entity Name  
**CP MCKINNON INC**



Principal Place of Business      Mailing Address  
**1225 LAKECREST DRIVE**      **1225 LAKECREST DRIVE**  
**APOPKA, FL 32703**      **APOPKA, FL 32703**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

05102004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**20-0496142**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MCKINNON, SONYA C**  
**1225 LAKECREST DRIVE**  
**APOPKA, FL 32703**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

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

**10. OFFICERS AND DIRECTORS**

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | <b>P</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>MCKINNON, CARROLL P 3</b> |                                 |
| STREET ADDRESS | <b>1225 LAKECREST DRIVE</b>  |                                 |
| CITY-ST-ZIP    | <b>APOPKA, FL 32703</b>      |                                 |
| TITLE          | <b>S/T</b>                   | <input type="checkbox"/> Delete |
| NAME           | <b>MCKINNON, SONYA C</b>     |                                 |
| STREET ADDRESS | <b>1225 LAKECREST DRIVE</b>  |                                 |
| CITY-ST-ZIP    | <b>APOPKA, FL 32703</b>      |                                 |
| TITLE          | <b>VP</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>LAREAU, LOIS S</b>        |                                 |
| STREET ADDRESS | <b>1238 LAKECREST DRIVE</b>  |                                 |
| CITY-ST-ZIP    | <b>APOPKA, FL 32703</b>      |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| 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**

|                |  |   |
|----------------|--|---|
| 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:**       **6/18/04 321-231-4043**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

Attachments - P0300014867

574058504

6/21/04

Incorporation did not

Receive Notice of Report

Fee due

Check enclosed in the

Amount of 150.00

Any questions Please

Notify Sonya MCKINNON

Tel. 321-231-4043

FAX- 407-880-1013