

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV 19 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000155617

1. Entity Name
MCKINNEY & SONS PAINTING, INC.



Principal Place of Business
1525 CATMAR RD.
NICEVILLE, FL 32578 US

Mailing Address
1525 CATMAR RD.
NICEVILLE, FL 32578 US

2. Principal Place of Business
1964 Four Wheel Drive
Suite, Apt. #, etc.

3. Mailing Address
1964 Four Wheel Drive
Suite, Apt. #, etc.

City & State
Baker, Florida

City & State
Baker, Florida

Zip
32531

Country
Okaloosa

Zip
32531

Country
Okaloosa



REINSTATEMENT 04

4. FEI Number ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCKINNEY, REESE SR.
1525 CATMAR RD.
NICEVILLE, FL 32578

7. Name and Address of New Registered Agent

Name
McKinney, Reese Jr.
Street Address (P.O. Box Number is Not Acceptable)
1964 Four Wheel Drive

City
Baker

FL

Zip Code
32531

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 Reese McKinney Jr

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/12/04

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCKINNEY, REESE SR. 1525 CATMAR RD. NICEVILLE, FL 32578	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCKINNEY, REESE JR. 1964 FOUR WHEEL DR. NICEVILLE, FL 32578	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRS MCKINNEY, PERRY 309 SOUTH WARD ST. NICEVILLE, FL 32578	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P McKinney, Perry 1964 Four Wheel Drive, Baker, FL 32531	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S McKinney, Reese Jr. 1964 Four Wheel Drive, Baker, FL 32531	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

100042901921
11/19/04--01049--022 **\$150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Reese McKinney Jr 11/12/04