

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90206 015 ***150.00

DOCUMENT # P03000155617

1. Entity Name
MCKINNEY & SONS PAINTING, INC.



Principal Place of Business
**1910 FOUR WHEEL DR
BAKER, FL 32531 US**

Mailing Address
**1910 FOUR WHEEL DR
BAKER, FL 32531 US**

Principal Place of Business
1910 Four Wheel Dr.

Mailing Address
1910 Four Wheel Dr.

Suite, Apt. #, etc.

City & State
Baker, FL

City & State
Baker, FL

Zip
32531

Country
USA

40055714



03292006 Chg-P CR2E034 (11/05)

4. FEI Number
20-0524121

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MCKINNEY, REESE JR.
1964 FOUR WHEEL DRIVE
BAKER, FL 32531**

7. Name and Address of New Registered Agent

Name
Douglas T. Ingram, Jr.

Street Address (P.O. Box Number is Not Acceptable)
912 S. Palm Blvd.

City
Niceville

State
FL

Zip
32578

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 **Douglas T. Ingram, Jr.** **3/29/06**
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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKINNEY, PERRY		NAME		
STREET ADDRESS	1910 FOUR WHEEL DRIVE		STREET ADDRESS	1910 Four Wheel Dr.	
CITY-ST-ZIP	BAKER, FL 32531		CITY-ST-ZIP	Baker, FL 32531	
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKINNEY, REESE JR.		NAME		
STREET ADDRESS	1910 FOUR WHEEL DRIVE		STREET ADDRESS	1910 Four Wheel Dr.	
CITY-ST-ZIP	BAKER, FL 32531		CITY-ST-ZIP	Baker, FL 32531	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **R. m. [Signature]** **4/17/06 850-5783144**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #