FILED
May 01, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000000941

1. Entity Name
A.C. MCKINNIE MASONRY, INC.

Principal Place of Business	Mailing Address
1807 OWENS POND ROAD CHIPLEY, FL 32428	1807 OWENS POND ROAD CHIPLEY, FL 32428

DO NOT WRITE IN THIS SPACE

04172006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1228872

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

MCKINNIE, A.C.
1807 OWENS POND RD.
CHIPLEY, FL 32428

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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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCKINNIE, A C
STREET ADDRESS	1807 OWENS POND ROAD
CITY-ST-ZIP	CHIPLEY, FL 32428
TITLE	D
NAME	MCKINNIE, THETCH
STREET ADDRESS	1465 JOE NEAL ROAD
CITY-ST-ZIP	CHIPLEY, FL 32428
TITLE	D
NAME	MCKINNIE, ANTHONY
STREET ADDRESS	1471 JOE NEAL ROAD
CITY-ST-ZIP	CHIPLEY, FL 32428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: A.C. McKinnie A.C. McKinnie 04/28/2006 850 638-8844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #