



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000000941 1. Entity Name A.C. MCKINNIE MASONRY, INC.			
Principal Place of Business 1807 OWENS POND ROAD CHIPLEY, FL 32428		Mailing Address 1807 OWENS POND ROAD CHIPLEY, FL 32428	
DO NOT WRITE IN THIS SPACE			
		02092007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-1228872	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MCKINNIE, A.C. 1807 OWENS POND RD. CHIPLEY, FL 32428		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
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			
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: <u>A.C. McKinnie</u>		Date: <u>April 26, 2007</u>	850) 638-8844
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>