

2005 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
Feb 24, 2005 8:00 am
Secretary of State

01-25-2005 90058 050 ***150.00

DOCUMENT # P04000013755			
1. Entity Name RODNEY MCCOY, INC.			
Principal Place of Business 3424-42 OLD ST. AUGUSTINE ROAD TALLAHASSEE, FL 32301		Mailing Address 3424-42 OLD ST. AUGUSTINE ROAD TALLAHASSEE, FL 32301	
2. Principal Place of Business 9037 Silver Oak Lane		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tallahassee FLA		City & State SAME	
Zip 32311		Country U.S.A.	
4. FEI Number 20-0633389		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCOY, D. RODNEY 3424-42 OLD ST. AUGUSTINE ROAD TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent McCoy, D. Rodney 9037 Silver Oak Lane Tallahassee FL 32311	
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: D. Rodney McCoy D. Rodney McCoy 1-23-05 (Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering.) DATE)			
FILE NOW!!! FEB 18 \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	P MCCOY, D. RODNEY 3424-42 OLD ST. AUGUSTINE ROAD TALLAHASSEE, FL 32301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCRANIE, DONALD A 8774 OLD ST. AUGUSTINE ROAD TALLAHASSEE, FL 32311 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. MCCOY, ANNIE M 3424-42 OLD ST. AUGUSTINE ROAD TALLAHASSEE, FL 32311 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: D. Rodney McCoy D. Rodney McCoy 1-23-05 850 656-3319 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-23-05 850 656-3319 Date Daytime Phone #	

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