


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90012 049 ***150.00

DOCUMENT # P04000013755					
1. Entity Name RODNEY MCCOY, INC.					
Principal Place of Business 9037 SILVER OAK LANE TALLAHASSEE, FL 32311			Mailing Address 9037 SILVER OAK LANE TALLAHASSEE, FL 32311		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02152007 Chg-P CR2E034 (12/06)	
4. FEI Number 20-0633389				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCCOY, D. RODNEY 9037 SILVER OAK LANE TALLAHASSEE, FL 32311			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME MCCOY, D. RODNEY STREET ADDRESS 3424-42 OLD ST. AUGUSTINE ROAD CITY-ST-ZIP TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete		TITLE P NAME MCCOY, D. RODNEY STREET ADDRESS 9037 Silver Oak Lane CITY-ST-ZIP Tallahassee, FL. 32311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME MCCRANIE, DONALD A STREET ADDRESS 8774 OLD ST. AUGUSTINE ROAD CITY-ST-ZIP TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete		TITLE VP NAME MCCRANIE, DONALD A STREET ADDRESS 1845 WAX MYRTLE DR CITY-ST-ZIP TALLAHASSEE, FL. 32305	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SEC. NAME MCCOY, ANNIE M. STREET ADDRESS 3424-42 OLD ST. AUGUSTINE ROAD CITY-ST-ZIP TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete		TITLE SEC. NAME MCCOY, ANNIE M. STREET ADDRESS 9037 SILVER OAK LN. CITY-ST-ZIP Tallahassee, FL. 32311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>D. Rodney McCoy</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
D. Rodney McCoy			3-10-07 850-656-3319		