

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90014 036 ***158.75

DOCUMENT # P04000103350

1. Entity Name
REAL MCCOY ENTERPRISES, INC.



Principal Place of Business

106 LYONS BAY ROAD
NOKOMIS, FL 34275 US

Mailing Address

106 LYONS BAY ROAD
NOKOMIS, FL 34275 US

50011947

2. Principal Place of Business

Suite, Apt. #, etc.
N/A

City & State
NOKOMIS FL

Zip Country
34275 USA

3. Mailing Address

Suite, Apt. #, etc.
N/A

City & State
NOKOMIS FL

Zip Country
34275 USA



01252005 Chg-P CR2E034 (10/03)

4. FFI Number
20-1357758

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

6. Name and Address of Current Registered Agent

MCCOY, JAMES B
106 LYONS BAY ROAD
NOKOMIS, FL 34275

7. Name and Address of New Registered Agent

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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MCCOY, JAMES B
STREET ADDRESS 106 LYONS BAY ROAD
CITY-ST-ZIP NOKOMIS, FL 34275 ☐ Delete

TITLE VP
NAME MCCOY, SONDRAM
STREET ADDRESS 106 LYONS BAY ROAD
CITY-ST-ZIP NOKOMIS, FL 34275 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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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 an other like empowered.

SIGNATURE:

James B. McCoy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/05 941-223-7893
Date Daytime Phone #