


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90050 017 ***150.00

DOCUMENT # P04000103350 1. Entity Name REAL MCCOY ENTERPRISES, INC. <i>REAL MCCOY ENTERPRISES, INC</i>																																																																																																																																									
Principal Place of Business RETAIL GROCERY 106 LYONS BAY ROAD NOKOMIS, FL 34275 US			Mailing Address RETAIL GROCERY 106 LYONS BAY ROAD NOKOMIS, FL 34275 US																																																																																																																																						
2. Principal Place of Business - No P.O. Box # 3548 CORONADO DR #6			3. Mailing Address P.O. Box 1852																																																																																																																																						
Suite, Apt. #, etc. 615			Suite, Apt. #, etc. 																																																																																																																																						
City & State SARASOTA FL.			City & State NOKOMIS 34274																																																																																																																																						
Zip 34244		Country USA		Zip FL.																																																																																																																																					
Country USA		4. FEI Number 20-1357758																																																																																																																																							
5. Certificate of Status Desired <input type="checkbox"/> \$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																																					
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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating)																																																																																																																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																						
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #