


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000157750 1. Entity Name MCKINNEY PURCHASING INC.	
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Principal Place of Business 103 ROSE CORAL DRIVE PANAMA CITY BEACH, FL 32408	Mailing Address 103 ROSE CORAL DRIVE PANAMA CITY BEACH, FL 32408
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DO NOT WRITE IN THIS SPACE

FILED
08 OCT 27 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09152008 No Chg-P CR2E034 (11/05)

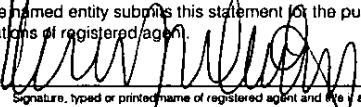
4. FEI Number 20-1948069	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCKINNEY, KRISTY M
103 ROSE CORAL DRIVE
PANAMA CITY BEACH, FL 32408**

**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  DATE **9/17/08**

Signature, typed or printed name of registered agent and fee applicable (NOTE: Registered Agent signature required when reinstating)

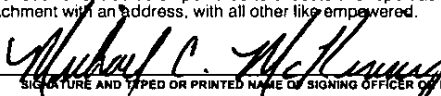
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	700136689037 10/07/08--01009--015 **550.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR MCKINNEY, MICHAEL C 103 ROSE CORAL DRIVE PANAMA CITY BEACH, FL 32408 <i>owner/CEO</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRS MCKINNEY, KRISTY M 103 ROSE CORAL DRIVE PANAMA CITY BEACH, FL 32408 <i>owner/secretary</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  DATE **9/17/08** DAYTIME PHONE # **8505274478**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR