

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000018781

Entity Name: MCFAMILY, INC.

FILED  
Feb 03, 2007  
Secretary of State

## Current Principal Place of Business:

12228 SHEARWATER DRIVE  
NEW PORT RICHEY, FL 34654 US

## New Principal Place of Business:

## Current Mailing Address:

9300 REGENCY PARK BOULEVARD  
PORT RICHEY, FL 346685023 US

## New Mailing Address:

12228 SHEARWATER DR  
NEWPORT RICHEY, FL 34654 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HENNESSY FINANCIAL GROUP, INC.  
9300 REGENCY PARK BOULEVARD  
PORT RICHEY, FL 346685023 US

## Name and Address of New Registered Agent:

MCKNIGHT, KAREN E  
12228 SHEARWATER DR  
NEWPORT RICHEY, FL 34654 US

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.

SIGNATURE: KAREN E MCKNIGHT

02/03/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MCKNIGHT, KAREN E  
Address: 12228 SHEARWATER DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: VP ( ) Delete  
Name: MCKNIGHT, MICHAEL  
Address: 12228 SHEARWATER DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: S ( ) Delete  
Name: MCKNIGHT, KAREN E  
Address: 12228 SHEARWATER DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: T ( ) Delete  
Name: MCKNIGHT, KAREN E  
Address: 12228 SHEARWATER DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 35654 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: MCKNIGHT, MICHAEL A  
Address: 12228 SHEARWATER DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN E MCKNIGHT

P

02/03/2007

Electronic Signature of Signing Officer or Director

Date