


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90009 011 ***150.00

DOCUMENT # P05000109859 1. Entity Name CF MCKAY INC.			
Principal Place of Business 22 CHARLES ST OCOE, FL 34761		Mailing Address 22 CHARLES ST OCOE, FL 34761	
2. Principal Place of Business - No P.O. Box # 419 Oak River Dr		3. Mailing Address 419 Oak River Dr	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Port Orange, FL		City & State Port Orange, FL	
Zip 32127		Zip 32127	
Country USA		Country USA	
6. Name and Address of Current Registered Agent MCKAY, CHRISTOPHER F 22 CHARLES ST OCOE, FL 34761		7. Name and Address of New Registered Agent Name Mckay, Christopher F. Street Address (P.O. Box Number is Not Acceptable) 419 Oak River Drive City Port Orange FL Zip Code 32127	
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 <u><i>[Signature]</i></u> DATE <u>2-4-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCKAY, CHRIS 22 CHARLES ST OCOE, FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 419 Oak River Drive Port Orange, FL 32127
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
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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: <u><i>[Signature]</i></u> CHRISTOPHER F MCKAY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2-4-08</u> Daytime Phone # <u>(321) 663-5565</u>	