


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 18, 2007 8:00 am
Secretary of State

06-18-2007 90002 030 ***150.00

DOCUMENT # P05000135402		
1. Entity Name MCGINNIS SPECIALTY CONSTRUCTION, INC.		

Principal Place of Business 27167 POND DRIVE HILLIARD FL 32046	Mailing Address P O BOX 283 HILLIARD FL 32046-0283 US
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2. Principal Place of Business - No P.O. Box # 16181 SE 80th St	3. Mailing Address 16181 SE 80th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Morrison, FL	City & State Morrison, FL
Zip 32668	Country US

4. FEI Number 20-3562560	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCGINNIS, JAMIE L 27167 POND DRIVE HILLIARD FL 32046	
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7. Name and Address of New Registered Agent Name McGinnis, Jamie L. Street Address (P.O. Box Number is Not Acceptable) 16181 SE 80th St. City Morrison FL Zip Code 32668	
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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 fee if applicable (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCGINNIS, JAMIE L 27167 POND DRIVE @ P O BOX 283 HILLIARD FL 32046 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCGINNIS, Jamie L 16181 SE 80th St. Morrison, FL 32668 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HAYES, TAMMY L 27167 POND DRIVE @ P O BOX 283 HILLIARD FL 32046-0283 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS HAYES, Tammy L. 16181 SE 80th St Morrison, FL 32668 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BLAIR, THOMAS A 54025 JEANNIE ROAD @ P O BOX 1670 CALLAHAN FL 32011-1670 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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

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>Jammy L. Hayes Tammy L. Hayes</u>	Date: <u>6-4-07</u>	Daytime Phone #: <u>352-494-7553</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		