

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000043933

Entity Name: R. MCKAYE ENTERPRISES, INC.

FILED
Feb 27, 2007
Secretary of State

Current Principal Place of Business:

483 PORT LEON DR
ST MARKS, FL 32355 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 670
ST MARKS, FL 32355 US

New Mailing Address:

FEI Number: 59-3191715

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, CRAWFORD & SMI
1330 THOMASVILLE RD.
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCKAYE, RON F
Address: 1352 RIVER PLANTATION ROAD
City-St-Zip: CRAWFORDVILLE, FL

Title: ST () Delete
Name: MCKAYE, SUSAN L
Address: 1352 RIVER PLANTATION ROAD
City-St-Zip: CRAWFORDVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SUSAN L. MCKAYE

S/T

02/27/2007

Electronic Signature of Signing Officer or Director

Date