## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P94000040396

1. Entity Name

JOHN T. MCKINNIE CONSTRUCTION, INC.



**FILED** Jan 07, 2008 08:00 A Secretary of State

Principal Place of Business

7030 BUTLER ROAD GRAND RIDGE, FL 32442 Mailing Address

PO BOX 883

SNEADS, FL 32460



01042008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3245895 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

104 JACKSON STREET CHATAHOOCHEE, FL 32324			IN THIS SPACE		
	named entity submits this statement for the p lions of registered agent.	urpose of changing its registered office	or registered agent, or bo	oth, in the State of Fiorida. I am familiar with, and accept	
	Signature, typed or printed name of registered agent and title i	applicable (NOTE: Registered Agent sign	tture required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINNIE, JOHN T 7030 BUTLER ROAD GRAND RIDGE, FL 32442			U00000774254 01/07/08-80007-011 150.00	
NAME STREET ADDRESS CITY-ST-ZIP	VP CONRAD, JERRY P PO BOX 919 SNEADS, FL 32460			01/07/08-80007-011 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·	
TITLE	, , , , , , , , , , , , , , , , , , ,				

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.

CICNIATUDE.

STREET ADDRESS CITY-ST-ZIP

1-4-08