

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90011 033 ***150.00

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1. Entity Name

MCKINNON & MCKINNON, CHARTERED



Principal Place of Business

**3405 OCEAN DR.
VERO BEACH FL 32963
US**

Mailing Address

**3405 OCEAN DR.
VERO BEACH FL 32963
US**

2. Principal Place of Business

5070 N. HWY A-1-A

3. Mailing Address

5070 N. HWY A-1-A

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

Vero Beach Florida

City & State

Vero Beach Florida

Zip

32963

Country

USA

Zip

32963

Country

USA

4. FEI Number

65-0532357

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCKINNON, CHARLES W
3405 OCEAN DR.
VERO BEACH FL 32963**

7. Name and Address of New Registered Agent

Name

Charles W. McKinnon

Street Address (P.O. Box Number is Not Acceptable)

5070 N. HWY A-1-A

Suite 200

City

Vero Beach

FL

Zip Code
32963

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DPTS** ☐ Delete
NAME **MCKINNON, CHARLES W.**
STREET ADDRESS **3405 OCEAN DR.**
CITY-ST-ZIP **VERO BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **5070 N. HWY A-1-A Suite 200**
CITY-ST-ZIP **Vero Beach, FL 32963**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles W. McKinnon

Date

2-4-04

(772) 231-4440

Daytime Phone #