


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000076853 1. Entity Name MCCOY FAMILY CORPORATION	
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Principal Place of Business OLD STAGE RD FARM 8150 W. TENNESSEE ST TALLAHASSEE, FL 32304 US	Mailing Address 1509 JAE PLACE LAKELAND, FL 33803 US
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**DO NOT WRITE IN THIS SPACE**



04052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3340199	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

TEDDER, JOSEPH B  
 1509 JAE PLACE  
 LAKELAND, FL 33803

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCOY, CARL F 2069 DELLWOOD DRIVE TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CALLAWAY, FAYE M 112 LAZY CREEK RUN TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TEDDER, BETTY MCCOY 1509 JAE PLACE LAKELAND, FL 33803
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 04/16/07-80030-012 150.00

**DO NOT WRITE IN THIS SPACE**

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: Faye M. Callaway FAYE M. CALLAWAY 4-5-07 850-576-3507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #