


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90051 007 ***150.00

DOCUMENT # P96000088401 1. Entity Name MCKAY & ASSOCIATES, INC.					
Principal Place of Business 1030 US HWY 331 S DEFUNIAK SPRINGS, FL 32435 US			Mailing Address 123 LAKE LORRAINE CIR SHALIMAR, FL 32579 US		
2. Principal Place of Business - No P.O. Box # 123 Lake Lorraine Cir Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State SHALIMAR FL		City & State		4. FEI Number 59-3397638	
Zip 32579		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> W <input type="checkbox"/> FL <input type="checkbox"/> Additional Fee Required	
6. Name and Address of Current Registered Agent MCKAY, KEVIN 123 LAKE LORRAINE CIRCLE SHALIMAR, FL 32579			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCKAY, KEVIN R 123 LAKE LORRAINE CIRCLE SHALIMAR, FL <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	ST MCKAY, PHEBE K 123 LAKE LORRAINE CIRCLE SHALIMAR, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Kevin R McKay</i> PRES. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			30 Apr 07 865-9766 <small>Date Daytime Phone #</small>		