


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90040 005 ***150.00

DOCUMENT # P97000077674

1. Entity Name
JEFFREY S. MC KENNEY, INC.



94014290



01052004 Chg-P CR2E034 (10/03)

Principal Place of Business
237 41 ST AVE
SAINT PETERSBURG, FL 33706
ST. PETE BEACH, FL 33706

Mailing Address
PO BOX 66514
SAINT PETERSBURG, FL 33706
ST. PETE BEACH, FL 33736

2. Principal Place of Business
237-41st AVE.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 66514
 Suite, Apt. #, etc.

City & State
ST. PETE BEACH, FL

City & State
ST. PETE BEACH, FL

4. FEI Number
59-3470315

Applied For
 Not Applicable

Zip
33706

Country
PINELLAS

Zip
33736

Country
PINELLAS

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MC KENNEY, JEFFREY S 237 41ST AVE SAINT PETERSBURG, FL 33706		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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	DP MC KENNEY, JEFFREY S <input type="checkbox"/> Delete 5149 CENTRAL AVENUE ST. PETERSBURG, FL 33711	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MC KENNEY, JEFFREY S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 237-41st AVE. ST. PETE BEACH, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **JEFFREY S. MCKENNEY** **1/10/03** **727-327-0300**

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