

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P98000023421

Entity Name: JANINE MCKINNEY INSURANCE, INC.

**FILED**  
**Sep 29, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

111 SW 8TH ST  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

111 SW 8TH ST  
OCALA, FL 34474

**New Mailing Address:**

FEI Number: 59-3498231

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCKINNEY, JANINE  
2601 SE 29 LANE  
OCALA, FL 34471 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MCKINNEY, JANINE  
Address: 2601 SE 29 LANE  
City-St-Zip: OCALA, FL 34471

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: MCDONALD, JOHN M  
Address: 420 SE 8TH STREET  
City-St-Zip: OCALA, FL 34471

Title: SEC ( ) Change (X) Addition  
Name: RECTOR, JOAN M  
Address: 420 SE 8TH STREET  
City-St-Zip: OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M. MCDONALD

VP

09/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date