## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P98000042160**

1. Entity Name

MCKINNA CORPORATION OF FLORIDA



01-16-2008 90051 008 \*\*\*150.00

**FILED** 

Jan 16, 2008 8:00 am Secretary of State

Principal Place of Business

Mailing Address

109 S. 5TH STREET FLAGLER BEACH, FL 32136 109 S. 5TH STREET FLAGLER BEACH, FL 32136



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01072008	No Chg-P	CR2E034 (11/05)	

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired Sa.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBS, MITCHELL E 15001 NW 42 AVE., STE. 121 MIAMI, FL 33054-2324

SIGNATURE:

## 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_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finand     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS		•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILLION, ROBERT B 129 FRONT STREET PALM COAST, FL 32137						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MILLION, CAROLYN B 129 FRONT STREET PALM COAST, FL 32137						
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP (*)							
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.							