


# 2006 FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # S18112 1. Entity Name REAL MCCOY MOBILE, INC.	
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Principal Place of Business 4278 72ND ROAD NORTH 351 RIVIERA BEACH, FL 33404 US	Mailing Address 4278 72ND ROAD NORTH 351 RIVIERA BEACH, FL 33404 US
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01242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0232565	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MCCOY, TOM 4194 S KIRK ROAD 22 LAKE WORTH, FL 33461
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**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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV MCCOY, TOM J. 4194 SO KIRK RD #22 LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCCOY, TOM J. 4194 SO KIRK RD #22 LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALLEN, DONNA J. 4194 SO KIRK RD., #22 LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/17/06-80020-002 150.00

**DO NOT WRITE  
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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:  3/2/06 561-968-1919  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #