

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # V09076**

1. Entity Name  
**MCKINNEY REAL ESTATE GROUP, INC.**



Principal Place of Business  
**1717 PENN AVE  
STE. 5006  
PITTSBURGH, PA 15221**

Mailing Address  
**1717 PENN AVE  
STE. 5006  
PITTSBURGH, PA 15221**



04012008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0314777**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HCRM CORP.  
2200 CORPORATE BLVD., N.W.  
STE. 401  
BOCA RATON, FL 33431**

**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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
MCKINNEY, JOHN T.  
1717 PENN AVENUE, STE 5006  
PITTSBURG, PA 15221**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V  
MCKINNEY, JAMES D  
1717 PENN AVENUE, STE 5006  
PITTSBURG, PA 15221**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
PASQUALE, JOSEPH  
1717 PENN AVENUE, STE. 5006  
PITTSBURGH, PA 15221**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**AS  
DETRIE, MARJORIE  
1717 PENN AVE. SUITE 5006  
PITTSBURGH, PA 15221**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000898986  
04/28/08-80020-016 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Joseph Pasquale*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Joseph Pasquale*  
Date

*4/11/08*  
Date

*412-371-5105*  
Daytime Phone #