

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 137333

**Entity Name:** MCKAY POINT PROPERTIES, INC.

**Current Principal Place of Business:**

5225 SNEAD ISLAND RD  
PALMETTO, FL 34221

**Current Mailing Address:**

SNEAD ISLAND ROAD  
P. O. BOX 367  
PALMETTO, FL 34220-0367

**FEI Number:** 59-2470508

**Certificate of Status Desired:** No

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

GARY G. ALDERMAN  
702 32ND AVE. W.  
PALMETTO, FL 34221 US

*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

**Officer/Director Detail :**

Title CD  
Name ALDERMAN, JAMES A JR  
Address 712 1/2 32ND AVE W  
City-State-Zip: PALMETTO FL

Title PD  
Name ALDERMAN, GARY G  
Address 702-32ND AVE W  
City-State-Zip: PALMETTO FL 34221

Title SD  
Name ALDERMAN, MARIBEL C  
Address PO BOX 567  
City-State-Zip: PALMETTO FL 34220

Title VPD  
Name ALDERMAN, CAROL  
Address 702-32ND AVE W  
City-State-Zip: PALMETTO FL 34221

Title TD  
Name ALDERMAN, ANNIE  
Address 719 32ND AVE W  
City-State-Zip: PALMETTO FL 34221

*I hereby 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 all other like empowered.*

**SIGNATURE:** GARY ALDERMAN

**PRESIDENT**

**04/29/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date