


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 176676**  
 1. Entity Name  
 MCCREE, INC.



Principal Place of Business  
 500 E. PRINCETON ST.  
 P.O. BOX 7369  
 ORLANDO, FL 32803-1449

Mailing Address  
 500 E. PRINCETON ST.  
 P.O. BOX 7369  
 ORLANDO, FL 32803-1449



04132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-0708313

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

MCCREE, RICHARD T  
 500 EAST PRINCETON ST  
 ORLANDO, FL 32803

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	MCCREE, RICHARD T SR
STREET ADDRESS	500 E. PRINCETON ST.
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	VD
NAME	ROBERTSON, JOE O.
STREET ADDRESS	500 E. PRINCETON ST.
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	VSD
NAME	GRIFFIN, THOMAS F.
STREET ADDRESS	500 E. PRINCETON STREET
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	PTD
NAME	MCCREE, RICHARD T JR
STREET ADDRESS	500 EAST PRINCETON STREET
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	D
NAME	WALDROP, MICHAEL
STREET ADDRESS	500 E PRINCETON STREET
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

100000530137  
 05/05/06-80105-010 158.75

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: Richard T. McCree Jr Date: 4/19/06 Daytime Phone #: 407-998-4821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR