


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 176676 1. Entity Name MCCREE, INC.	
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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
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DO NOT WRITE IN THIS SPACE



04042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0708313	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	CD MCCREE, RICHARD T SR 500 E. PRINCETON ST. ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBERTSON, JOE O. 500 E. PRINCETON ST. ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GRIFFIN, THOMAS F. 500 E. PRINCETON STREET ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MCCREE, RICHARD T JR 500 EAST PRINCETON STREET ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALDROP, MICHAEL 500 E PRINCETON STREET ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/30/07-80017-023 158.75

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, SR** 4/16/07 407-898-4821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #