

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003597

FILED  
Mar 24, 2008  
Secretary of State

Entity Name: MCKEEL ACADEMY OF TECHNOLOGY, INC.

**Current Principal Place of Business:**

1810 W. PARKER ST.  
LAKELAND, FL 33815

**New Principal Place of Business:**

**Current Mailing Address:**

1810 W. PARKER ST.  
LAKELAND, FL 33815

**New Mailing Address:**

FEI Number: 65-0854467      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MAREADY, HAROLD  
1810 W. PARKER ST.  
LAKELAND, FL 33815      US

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

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

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: MCKEEL, SETH  
Address: 2000 E. EDGEWOOD DRIVE, SUITE 214  
City-St-Zip: LAKELAND, FL 338033648

Title: PD      ( ) Delete  
Name: MAREADY, HAROLD  
Address: 1810 W. PARKER STREET  
City-St-Zip: LAKELAND, FL 33815

Title: COB      ( ) Delete  
Name: ROSS, LAWRENCE  
Address: 1810 W. PARKER ST.  
City-St-Zip: LAKELAND, FL 33815

Title: ST      ( ) Delete  
Name: WEST, DEBI W  
Address: 1810 W. PARKER STREET  
City-St-Zip: LAKELAND, FL 33815

Title: D      ( ) Delete  
Name: JACKSON, CAROLYN  
Address: 35 LAKE MARTIN DR  
City-St-Zip: LAKELAND, FL 33801

Title: D      ( ) Delete  
Name: SMALL, JOHN  
Address: 5216 ST. LUCIA DRIVE  
City-St-Zip: LAKELAND, FL 33813

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBI WEST

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

ST

03/24/2008

\_\_\_\_\_  
Date