


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P0000007772  
 1. Entity Name  
 MCKEE HOMES, INC.



Principal Place of Business      Mailing Address  
 292 KIDD ROAD                      292 KIDD ROAD  
 DEFUNIAK SPRINGS, FL 32433      DEFUNIAK SPRINGS, FL 32433



03222004      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 59-3286816      Not Applicable

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

6. Name and Address of Current Registered Agent

MCKEE, JOHN  
 292 KIDD ROAD  
 DEFUNIAK SPRINGS, FL 32433

**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: John McKee      John McKee      J.M.K.  
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, 2004 Fee will be \$550.00**

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

00000098366  
 03/29/04-80037-025 150.00

10. OFFICERS AND DIRECTORS

|                 |                            |
|-----------------|----------------------------|
| TITLE           | D                          |
| NAME            | MCKEE, JOHN                |
| STREET ADDRESS  | 292 KIDD ROAD              |
| CITY - ST - ZIP | DEFUNIAK SPRINGS, FL 32433 |
| TITLE           |                            |
| NAME            |                            |
| STREET ADDRESS  |                            |
| CITY - ST - ZIP |                            |
| TITLE           |                            |
| NAME            |                            |
| STREET ADDRESS  |                            |
| CITY - ST - ZIP |                            |
| TITLE           |                            |
| NAME            |                            |
| STREET ADDRESS  |                            |
| CITY - ST - ZIP |                            |

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), 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: John McKee      John McKee      3-25-04      (850) 974-5666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #