


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90197 010 \*\*\*158.75

DOCUMENT # P02000135547			
1. Entity Name MCCREE ARCHITECTS & ENGINEERS, INC.			
Principal Place of Business 500 E PRINCETON ST ORLANDO, FL 32803-1449		Mailing Address 500 E PRINCETON ST ORLANDO, FL 32803-1449	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MCCREE, RICHARD T SR 500 E PRINCETON ST ORLANDO, FL 32803-1449		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CD	TITLE	
NAME	MCCREE, RICHARD T SR	NAME	
STREET ADDRESS	500 E PRINCETON ST	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 328031449	CITY-ST-ZIP	
TITLE	PTD	TITLE	
NAME	MCCREE, RICHARD T JR	NAME	
STREET ADDRESS	500 E PRINCETON ST	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 328031449	CITY-ST-ZIP	
TITLE	VSD	TITLE	
NAME	GAINES, RICHARD L	NAME	
STREET ADDRESS	500 E PRINCETON ST	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 328031449	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	GRIFFIN, THOMAS F	NAME	
STREET ADDRESS	500 E PRINCETON ST	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 328031449	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	ROBERTSON, JOE O	NAME	
STREET ADDRESS	500 E PRINCETON ST	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 328031449	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>Richard T. McCree, Jr</u>		Date: <u>4/6/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <u>407-898-4821</u>	

50036841



03242005 Chg-P CR2E034 (10/03)

4. FEI Number  
22-3890102 Applied For  
Not Applicable

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