


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P02000135547 1. Entity Name MCCREE ARCHITECTS & ENGINEERS, INC.	
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Principal Place of Business 500 E PRINCETON ST ORLANDO, FL 32803-1449	Mailing Address 500 E PRINCETON ST ORLANDO, FL 32803-1449
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DO NOT WRITE IN THIS SPACE



04042007 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3890102	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 SR
500 E PRINCETON ST
ORLANDO, FL 32803-1449

**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, 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 328031449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MCCREE, RICHARD T JR 500 E PRINCETON ST ORLANDO, FL 328031449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GAINES, RICHARD L 500 E PRINCETON ST ORLANDO, FL 328031449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, THOMAS F 500 E PRINCETON ST ORLANDO, FL 328031449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTSON, JOE O 500 E PRINCETON ST ORLANDO, FL 328031449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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04/30/07-80017-022 158.75

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 #