


**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90245 023 \*\*\*158.75

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P04000076059					
1. Entity Name MCCREE RESIDENTIAL BUILDERS, INC.					
Principal Place of Business 500 E. PRINCETON STREET ORLANDO, FL 32803-1449			Mailing Address 500 E. PRINCETON STREET ORLANDO, FL 32803-1449		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1109614	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCCREE, RICHARD T SR. 500 E. PRINCETON STREET ORLANDO, FL 32803-1449			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCREE, RICHARD T SR.		NAME		
STREET ADDRESS	500 E. PRINCETON STREET		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 328031449		CITY-ST-ZIP		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCREE, RICHARD T JR.		NAME		
STREET ADDRESS	500 E. PRINCETON STREET		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 328031449		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALDROP, MICHAEL		NAME		
STREET ADDRESS	500 E. PRINCETON STREET		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 328031449		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GAINES, RICHARD L		NAME		
STREET ADDRESS	500 E. PRINCETON STREET		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 328031449		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AHR, KAREN		NAME		
STREET ADDRESS	500 E. PRINCETON STREET		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 328031449		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 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: <u>Richard T. McCree Jr</u>		Date: <u>4/14/06</u>		Daytime Phone #: <u>407-898-4824</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					