

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 006967

**FILED**  
**Feb 25, 2006**  
**Secretary of State**

**Entity Name:** W.B. MAKINSON COMPANY OF KISSIMMEE, FLORIDA

**Current Principal Place of Business:**

308 BROADWAY  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

308 BROADWAY  
KISSIMMEE, FL 34741 US

**New Mailing Address:**

FEI Number: 59-6080951

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MAKINSON, LEON W  
2364 GUNN RD.  
KISSIMMEE, FL 34746 US

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

MAKINSON, LEON W PRES  
2364 GUNN RD.  
KISSIMMEE, FL 34746 US

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: LEON W. MAKINSON

02/25/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MAKINSON, LEON W  
Address: 2364 GUNN ROAD  
City-St-Zip: KISSIMMEE, FL 34746

Title: VPST ( ) Delete  
Name: MAKINSON, ELAINE  
Address: 2364 GUNN ROAD  
City-St-Zip: KISSIMMEE, FL 34746

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

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

Title: VPST (X) Change ( ) Addition  
Name: MAKINSON, BARBARA E  
Address: 2364 GUNN ROAD  
City-St-Zip: KISSIMMEE, FL 34746

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBAR E. MAKINSON

VPST

02/25/2006

Electronic Signature of Signing Officer or Director

Date