

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 316394

1. Entity Name
THE MCGEHEE CORPORATION



Principal Place of Business
**27 E. INTERLACKEN DR
PHOENIX, AZ 85022 US**

Mailing Address
**27 E. INTERLACKEN DR
PHOENIX, AZ 85022 US**

DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1559959

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PHELAN, RAYMOND A CPA
623 N. GRANDVIEW AVE
DAYTONA BEACH, FL 32118**

**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

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, 2005 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	TD COWEN, ELIZABETH M 7899 E COUNTRY CLUB BLVD BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGEHEE, JOHN N 23119 MINERALE AV PORT CHARLOTTE, FL 33954
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCGEHEE, J B 17 FORE DR NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CATES, MILDRED 27 E. INTERLACKEN DR PHOENIX, AZ 85022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, RUSSELL 315 N CAUSEWAY #D306 NEW SMYRNA BEACH, FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000070185747
01/21/05-80027-024 150.00

**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)(f), 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/05

Date

386-409-9166

Daytime Phone