2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State
03-29-2006 90140 044 ***150.00

DOCUMENT # 316394

1. Entity Name
THE MCGEHEE CORPORATION

50007007

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

DO NOT WRITE IN THIS SPACE

03082006 No Chg-P CR2E034 (11/05)

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 _____ 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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	COWEN, ELIZABETH M
STREET ADDRESS	~~7899 E COUNTRY CLUB BLVD~~ 1000 APPLEWOOD DR
CITY-ST-ZIP	~~BOCA RATON, FL 33487~~ ROSWELL, GA 30076
TITLE	D
NAME	MCGEHEE, JOHN N
STREET ADDRESS	23119 MINERALE AV
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954
TITLE	TD
NAME	MCGEHEE, J B
STREET ADDRESS	17 FORE DR
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	PD
NAME	CATES, MILDRED
STREET ADDRESS	27 E. INTERLACKEN DR
CITY-ST-ZIP	PHOENIX, AZ 85022
TITLE	VP
NAME	SMITH, RUSSELL
STREET ADDRESS	315 N CAUSEWAY #D306
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: J. B. McGehee 3/20/06 386-409-9166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

J. B. McGEHEE