

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 316394</b>	
1. Entity Name <b>THE MCGEHEE CORPORATION</b>	
Principal Place of Business <b>27 E. INTERLACKEN DR PHOENIX, AZ 85022 US</b>	Mailing Address <b>27 E. INTERLACKEN DR PHOENIX, AZ 85022 US</b>



04092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1559959</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>PHELAN, RAYMOND A CPA 623 N. GRANDVIEW AVE DAYTONA BEACH, FL 32118</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	<b>000000894193</b> <b>04/24/08-80018-009 150.00</b>

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COWEN, ELIZABETH M 1000 APPLEWOOD DR ROSWELL, GA 33076
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	

**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: <i>J. B. McGehee</i> <b>J. B. MCGEHEE</b>	Date: <i>4/10/08</i> 386-409-9166 Daytime Phone #