


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # 404284
 1. Entity Name
MCKECHNIE MACHINERY COMPANY



Principal Place of Business
**104 HICKORY TREE RD
 LONGWOOD, FL 32750**

Mailing Address
**104 HICKORY TREE RD
 LONGWOOD, FL 32750**

DO NOT WRITE IN THIS SPACE



03012004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1403688 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MCKECHNIE, NORVAL
 104 HICKORY TREE RD
 LONGWOOD, FL 32750**

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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, 2004 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 | PTD MCKECHNIE, NORVAL 104 HICKORY TREE RD. LONGWOOD, FL 32750 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SVD MCKECHNIE, ARLENE 104 HICKORY TREE RD. LONGWOOD, FL 32750 |
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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 empowered.

SIGNATURE: *Arlene McKechnie* **ARLENE MCKECHNIE** *06 March 2004* **332-8340**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #