


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Feb 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # 404284
1. Entity Name
MCKECHNIE MACHINERY COMPANY



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

DO NOT WRITE IN THIS SPACE



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1403688	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MCKECHNIE, NORVAL
104 HICKORY TREE RD
LONGWOOD, FL 32750**

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 _____ (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	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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000210903
02/02/05-80098-011 150.00

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)(l), 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** *31 JAN 2005* *407-332-8340*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #