


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 404284**  
 1. Entity Name  
**MCKECHNIE MACHINERY COMPANY**



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

**DO NOT WRITE IN THIS SPACE**



01122006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 59-1403688      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

**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, 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 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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 01/19/06-80072-013 150.00

**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: Arlene McKechnie      12 JAN 2006      (407) 332-8340  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

**ARLENE MCKECHNIE**