


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Mar 07, 2008 08:00 A**  
**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**



03052008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-1403688</b>	Applied For 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

**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 \_\_\_\_\_      **1000000850866**  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      **03/25/08-80016-003 150.00**      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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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      05 March 2008      407-332-8340  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

ARLENE MCKECHNIE