

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 404284

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: MCKECHNIE MACHINERY COMPANY

**Current Principal Place of Business:**

104 HICKORY TREE RD  
LONGWOOD, FL 32750

**New Principal Place of Business:**

104 HICKORY TREE RD  
LONGWOOD, FL 32750 US

**Current Mailing Address:**

104 HICKORY TREE RD  
LONGWOOD, FL 32750

**New Mailing Address:**

104 HICKORY TREE RD  
LONGWOOD, FL 32750 US

FEI Number: 59-1403688

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

MCKECHNIE, NORVAL F MR.  
104 HICKORY TREE RD  
LONGWOOD, FL 32750 US

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.

SIGNATURE: NORVAL MCKECHNIE

04/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: MCKECHNIE,NORVAL  
Address: 104 HICKORY TREE RD.  
City-St-Zip: LONGWOOD, FL 32750

Title: SVD ( ) Delete  
Name: MCKECHNIE,ARLENE  
Address: 104 HICKORY TREE RD.  
City-St-Zip: LONGWOOD, FL 32750

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: MCKECHNIE,NORVAL  
Address: 104 HICKORY TREE RD.  
City-St-Zip: LONGWOOD, FL 32750 US

Title: SVD (X) Change ( ) Addition  
Name: MCKECHNIE,ARLENE  
Address: 104 HICKORY TREE RD.  
City-St-Zip: LONGWOOD, FL 32750 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARLENE MCKECHNIE

VP

04/09/2009

Electronic Signature of Signing Officer or Director

Date