



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 526651</b> 1. Entity Name MCKENZIE SERVICE COMPANY, INC.			
Principal Place of Business 4412 W PENSACOLA STREET TALLAHASSEE, FL 32304		Mailing Address PO BOX 2200 TALLAHASSEE, FL 32316-2200 US	
<b>DO NOT WRITE IN THIS SPACE</b>			
		03222005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-1720576	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  MCKENZIE, T. L. 4412 W PENSACOLA ST TALLAHASSEE, FL 32304		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		U000000300510 04/12/05-80023-001 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MCKENZIE, MARY LYNN 4412 W PENSACOLA ST TALLAHASSEE, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD MCKENZIE, T L 4412 W PENSACOLA ST TALLAHASSEE, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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<b>DO NOT WRITE IN THIS SPACE</b>			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>T. L. McKenzie - T. L. MCKENZIE</u>		4/5/05 888576-0669	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	