

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 592152

FILED  
Jan 27, 2009  
Secretary of State

Entity Name: MCKEAN & ASSOCIATES ENGINEERS, INC.

**Current Principal Place of Business:**

625 US HWY 41 S  
INVERNESS, FL 34450 US

**New Principal Place of Business:**

**Current Mailing Address:**

625 US HWY 41 S  
INVERNESS, FL 34450 US

**New Mailing Address:**

FEI Number: 59-1859112      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

MCKEAN, EDMOND J.  
625 US HWY 41 S  
INVERNESS, FL 34450 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MCKEAN, EDMOND J.  
Address: 3415 S FAIRWAY TERR  
City-St-Zip: INVERNESS, FL 34450

Title: S ( ) Delete  
Name: MCKEAN, SYLVIA U.,  
Address: 3415 S FAIRWAY TERR  
City-St-Zip: INVERNESS, FL 34450

Title: T ( ) Delete  
Name: LEWIS, ELIZABETH  
Address: 7985 S LESLIE PT  
City-St-Zip: FLORAL CITY, FL 34436

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: LEWIS, ELIZABETH M.,  
Address: 7985 S LESLIE PT  
City-St-Zip: FLORAL CITY, FL 34436

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: ELIZABETH M. LEWIS

T

01/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date