2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 27, 2005 08:00 AM Secretary of State **DOCUMENT # 687878** 1. Entity Name MCGEEHAN & SONS, INC. Mailing Address Principal Place of Business 5426 SPRING HILL DRIVE SPRING HILL FL 34606 5426 SPRING HILL DRIVE SPRING HILL FL 34606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-2352666 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCGEEHAN, MARGARET M. Street Address (P.O. Box Number is Not Acceptable) 5426 SPRING HILL DRIVE SPRING HILL FL 34606 Zip Code 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 Signature, typed or printed name of registered agent and tille if applicable DATE (NOTE Registered Agent signature required when rematating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change ☐ Addition PD ☐ Delete TITLE MCGEEHAN, CONNELL H NAME NAME 5426 SPRING HILL DR STREET ADDRESS STREET ADDRESS CITY ST-ZIP SPRING HILL FL 34606 CHY-ST-ZIP Addition Change Delete TITLE 3.110 U00000334804 MCGEEHAN, KEVIN S NAME 04/27/05-80060-012 150.00 STREET ADDRESS STREET ADDRESS 5426 SPRING HILL DRIVE CITY-ST-ZIP SPRING HILL FL 34606 CITY-ST-ZIP Change Addition ☐ Delete TITLE HILE STD MAME MCGEEHAN, MARGARET M NAME STREET ADDRESS STREET ADDRESS 497 SAVOY CT. CITY-ST-ZIP CHY-SI-26 SPRING HILL FL 34606 Change T Addition THILE ☐ Delete TITLE NAME NAME STHEET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY - ST-ZIP TITLE ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY - ST - ZIP T Addition ☐ Delete TOTLE Change HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

4-25-05 352 686-1234