2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 816727

1. Entity Name

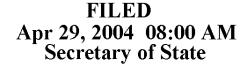
Principal Place of Business

MCKEE ENGINEERING COMPANY INC



Mailing Address

3725 INDUSTRIAL PARK DR. 3725 INDUSTRIAL PARK DR. MARIANNA, FL 32446 MARIANNA, FL 32446





DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (10/03) 04232004

Applied For 4. FEI Number 35-0851216 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

TOMAN, JOSEPH A 3076 WALNUT LN MARIANNA, FL 32446

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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the obligat	ions of registered agent.		d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and little	f applicable. (NOTE Registered	Agent signature	e required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.		cing 🗆	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS			<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOMAN, JOHN M 4380 DEERING ST MARIANNA, FL			U00000138108 04/29/04-80067-012 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOMAN, JOSEPH A 3076 WALNUT LANE MARIANNA, FL 32446		04/29/04-80067-012 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MICHELS, JANE TOMAN 4836 CLINTON ST MARIANNA, FL 32446			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated of the corphanged.	certify that the information supplied with this fi on this report or supplemental report is true reporation or the receiver or trustee empowere, or on an attachment with an address, with all	ling does not qualify for the exen and accurate and that my signati d to execute this report as requir I other like empowered.	nption state ure shall ha ed by Char	ed in Section 119.07(3) we the same legal effe oter 607, Florida Statul	(i), Florida Statutes. I further certify that the information as if made under oath; that I am an officer or director les, and that my name appears in Block 10 or Block 11 if	

AL TONICA ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR