

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 24, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # 816727**

1. Entity Name  
**MCKEE ENGINEERING COMPANY INC**



Principal Place of Business  
**3725 INDUSTRIAL PARK DR.  
MARIANNA, FL 32446**

Mailing Address  
**3725 INDUSTRIAL PARK DR.  
MARIANNA, FL 32446**



08162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**35-0851216**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**TOMAN, JOSEPH A  
3076 WALNUT LN  
MARIANNA, FL 32446**

**DO NOT WRITE  
IN THIS SPACE**

1100000575173

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. The entity hereby certifies that it has accepted the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	TOMAN, JOHN M
STREET ADDRESS	4380 DEERING ST
CITY - ST - ZIP	MARIANNA, FL
TITLE	PD
NAME	TOMAN, JOSEPH A
STREET ADDRESS	3076 WALNUT LANE
CITY - ST - ZIP	MARIANNA, FL 32446
TITLE	ST
NAME	MICHELS, JANE TOMAN
STREET ADDRESS	4836 CLINTON ST
CITY - ST - ZIP	MARIANNA, FL 32446
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Jane W. Michels*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/21/06

850-526-2260  
Daytime Phone