

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000003554	
1. Entity Name MCBEE SUPPLY CORPORATION	

Principal Place of Business 4901 LAKESIDE AVE. CLEVELAND, OH 44114	Mailing Address 4901 LAKESIDE AVE. CLEVELAND, OH 44114
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01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1014989	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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6. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	1000000431256 02/23/06-80018-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BUESCHER, ALFRED J 4901 LAKESIDE AVE. CLEVELAND, OH 44114
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date _____	Daytime Phone # _____
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