

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90023 036 ***150.00



DOCUMENT # F19067

1. Entity Name

MCKEE CONSTRUCTION CO.

Principal Place of Business

790 MONROE RD
 SANFORD FL 32771

Mailing Address

PO BOX 471366
 LAKE MONROE FL 32747-1366



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

59-2077753

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VON HERBULIS, ROBERT F
 790 MONROE RD
 SANFORD FL 32771

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

WIA

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.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Delete
 NAME VONHERBULIS, ROBERT
 STREET ADDRESS 1716 FOUNTAINHEAD DRIVE
 CITY-ST-ZIP LAKE MARY FL 32746

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE CS Delete
 NAME VON HERBULIS, DEBORA
 STREET ADDRESS 1716 FOUNTAINHEAD DRIVE
 CITY-ST-ZIP LAKE MARY FL 32746

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Delete
 NAME ELSER, STEPHEN
 STREET ADDRESS 674 ONEIDA LANE
 CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **VD DREW HORN**
 STREET ADDRESS **453 EAST GRAVES AVE.**
 CITY-ST-ZIP **ORANGE CITY, FL 32763**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

Robert F. Von Herbulis, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/06

Date

407-323-1150

Daytime Phone #