## 2007 FOR PROFIT CORPORATION \_\_\_ANNUAL REPORT

DOCUMENT #K94562

## FILED Apr 16, 2007 8:00 am Secretary of State 04-16-2007 90334 011 \*\*\*150.00

1. Entity Nan MCKEEV	ne /ER & ASSOCIATES, INC.									
C/O EDWARD	ce of Business D.E. MCKEEVER, JR. RBANKS AVE SUITE 203 KK, FL 32789	Mailing Address C/O EDWARD E. MCKEEVER, JR. 1400 W FAIRBANKS AVE SUITE 203 WINTER PARK, FL 32789		·			4 61611 A1611 BI	## 61## 618# <b>#</b>	<b>1</b> 171881 II 1881	
•	Place of Business - No P.O. Box #  Canton Avenue	3. Mailing Address 280 W. Canton Avenue								
Suite, Apt. #, etc 100		Suite Apt # etc. 100			03292007 Chg-P CR2E034 (12/06)				·	
City & Stat Winter	Park, FL	City & State Winter Park, FL			4. FEI Numbe 59-2959		<del></del>		opplied For	
327	189 COUNT. S. A.	32789	".S.,	A.	5. Certificate	of Status Desired		\$8.75 Ac Fee Requir		
	6. Name and Address of Current F	legistered Agent	Name		7. Name and	Address of New R	legistered	Agent		
MCKEEVE 1400 W. F.	Street Ad	Street Address (P.O. Box Number is Not Acceptable)								
WINTERF	PARK, FL 32789		280 W	280 W. Canton Avenue, Ste. 100						
					Park		FL	· 327	39	
	e named entity submits this statement for tions of registered agent.	the purpose of changing its regis	stered office or i	registere	•	1	_		<i>\</i>	
SIGNATURE.	Signature, typed or printed name of registered agent ar	nd title was realized. (NOTE: Regie	TWAA	e required v		KEEV	DATE	TR.	04/19	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaign Fi Trust Fund Contribution			00 May Be d to Fees		-			
10.	OFFICERS AND D	DIRECTORS	11.	-	ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTOR	IS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MCKEEVER, EDWARD E.JR. 1400 W. FAIRBANKS AVENUE., S WINTER PARK, FL 32789	SUITE 203	TITLE NAME STREET ADDRESS CITY-ST-ZIP	280 Wint	W. Canto er Pärk,	n Avenue, FL 3278	Ste.	☑ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADORESS CITY-ST-ZIP	<u>.</u>				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		M S	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		^	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, N	ITLE  JAME  STREET ADDRESS  CITY-ST-ZIP	····		,	,-	Change	Addition	
indicated of the cor	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empoyor or on an attachment with an address, with the receiver or trustee empoyor or on an attachment with an address, with an address.	rue and accurate and that my sig vered to execute this report as rec	nature shall hav	ve the sa	me legal effect	as if made under o	ath; that I a	m an officer	or director	