## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2007 08:00 AM Secretary of State DOCUMENT # P00000009826 1. Entity Name WILLIAM C. MC GAHEE, INC. Principal Place of Business Mailing Address 2820 WALKER RD. PO BOX 597 LAKELAND, FL 33810 KATHLEEN, FL 33849-0597 04262007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3621129 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MC GAHEE, SHIRLEY E DO NOT WRITE 2820 WALKER RD LAKELAND, FL 33810 IN THIS SPACE 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 . (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS TITLE NAME MCGANEE, SHIRLEY E U00000754824 2820 WALKER RD. STREET ADDRESS CITY-ST-ZIP 05/22/07-80075-018 150.**d**0 LAKELAND, FL 33810 NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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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

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NAME STREET ADORESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP