


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90068 025 \*\*\*150.00

<b>DOCUMENT # P01000092959</b>	
1. Entity Name MICHAEL T. MCKEE, CPA, P.A.	

Principal Place of Business 1215 EAST CONCORD STREET ORLANDO, FL 3283	Mailing Address 1215 EAST CONCORD STREET ORLANDO, FL 3283
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2. Principal Place of Business <i>918 Lucerne Terrace</i>	3. Mailing Address <i>918 Lucerne Terr</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>Orlando, FL</i>	City & State <i>Orlando, FL</i>
Zip <i>32806</i> Country <i>USA</i>	Zip <i>32806</i> Country <i>USA</i>



04062005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3747194	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  MCKEE, MICHAEL T 1215 EAST CONCORD STREET ORLANDO, FL 32803	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>918 Lucerne Terrace</i> City <i>Orlando, FL</i> Zip Code <i>32806</i>
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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: *[Signature]* DATE: *4/5/05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCKEE, MICHAEL T 1215 E CONCORD ST ORLANDO, FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>918 Lucerne Terrace</i> <i>Orlando, FL 32806</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* DATE: *4/5/05* DAYTIME PHONE: *407 896-9688*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR