

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000108422

Entity Name: MCKENNA BROTHERS, INC.

FILED
Apr 13, 2005
Secretary of State

Current Principal Place of Business:

P.O. BOX 786
LAKE WALES, FL 338590786

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 786
LAKE WALES, FL 338590786

New Mailing Address:

FEI Number: 31-1810748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRISON, JOSEPH A
3500 S FLORIDA AVE STE 3
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: MCKENNA, PATRICK T
Address: 3605 RED OAK CT
City-St-Zip: LAKE WALES, FL 33853

Title: DVS () Delete
Name: MCKENNA, MARTIN J
Address: 1513 NE LAKEVIEW DR
City-St-Zip: SEBRING, FL 33870

Title: DVP () Delete
Name: MCKENNA, KAREN N
Address: 1513 NE LAKEVIEW DR
City-St-Zip: SEBRING, FL 33870

Title: DVP () Delete
Name: MCKENNA, MELODY
Address: 3604 RED OAK COURT
City-St-Zip: LAKE WALES, FL 33898

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK T. MCKENNA

DPT

04/13/2005

Electronic Signature of Signing Officer or Director

_____ Date