


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90061 044 ***150.00

DOCUMENT # P01000108422

1. Entity Name
MCKENNA BROTHERS, INC.



Principal Place of Business Mailing Address
P.O. BOX 786 **P.O. BOX 786**
LAKE WALES, FL 33859-0786 **LAKE WALES, FL 33859-0786**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
70 Mammoth Grove Rd **70 Mammoth Grove Rd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
LAKE WALES, FL **LAKE WALES, FL**
 Zip Country Zip Country
33898 **USA** **33898** **USA**

40001000



02112008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
31-1810748 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MORRISON, JOSEPH A
3500 S FLORIDA AVE STE 3
LAKELAND, FL 33803

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	MCKENNA, PATRICK T	
STREET ADDRESS	3605 RED OAK CT	
CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	MCKENNA, MARTIN J	
STREET ADDRESS	1513 NE LAKEVIEW DR	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MCKENNA, KAREN N	
STREET ADDRESS	1513 NE LAKEVIEW DR	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MCKENNA, MELODY	
STREET ADDRESS	3604 RED OAK COURT	
CITY-ST-ZIP	LAKE WALES, FL 33898	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  3-20-08 863-696-2820
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #