

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000108422

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: MCKENNA BROTHERS, INC.

## Current Principal Place of Business:

70 MAMMOTH GROVE RD  
LAKE WALES, FL 33898

## New Principal Place of Business:

## Current Mailing Address:

70 MAMMOTH GROVE RD  
LAKE WALES, FL 33898

## 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:

MORRISON, JOSEPH A  
4416 FLORIDA NATIONAL DRIVE  
LAKELAND, FL 33813 US

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: JOSEPH MORRISON

01/14/2009

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 exemption stated 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 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

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

Date