

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000135547**

1. Entity Name

**MCCREE ARCHITECTS & ENGINEERS, INC.**



Principal Place of Business

**500 E PRINCETON ST  
ORLANDO, FL 32803-1449**

Mailing Address

**500 E PRINCETON ST  
ORLANDO, FL 32803-1449**



04042007 No Chg-P CR2E034 (11/05)

4. FEI Number

**22-3890102**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**MCCREE, RICHARD T SR  
500 E PRINCETON ST  
ORLANDO, FL 32803-1449**

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	MCCREE, RICHARD T SR
STREET ADDRESS	500 E PRINCETON ST
CITY-STATE-ZIP	ORLANDO, FL 328031449
TITLE	PTD
NAME	MCCREE, RICHARD T JR
STREET ADDRESS	500 E PRINCETON ST
CITY-STATE-ZIP	ORLANDO, FL 328031449
TITLE	VSD
NAME	GAINES, RICHARD L
STREET ADDRESS	500 E PRINCETON ST
CITY-STATE-ZIP	ORLANDO, FL 328031449
TITLE	D
NAME	GRIFFIN, THOMAS F
STREET ADDRESS	500 E PRINCETON ST
CITY-STATE-ZIP	ORLANDO, FL 328031449
TITLE	D
NAME	ROBERTSON, JOE O
STREET ADDRESS	500 E PRINCETON ST
CITY-STATE-ZIP	ORLANDO, FL 328031449
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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04/30/07-80017-022 158.75

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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD T. MCCREE, SR.**

**4/16/07**

**407-898-4821**

Date

Daytime Phone #