

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90205 009 \*\*\*150.00

**DOCUMENT # P03000115283**

1. Entity Name  
**MICHAEL MC KENNA, INC.**



Principal Place of Business  
**13297 MOON RD  
BROOKSVILLE, FL 34613**

Mailing Address  
**13297 MOON RD  
BROOKSVILLE, FL 34613**

40067500



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04162006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number  
**41-2113541**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**MCKENNA, JULIE  
13297 MOON RD  
BROOKSVILLE, FL 34613**

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

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE CP ☐ Delete  
NAME MCKENNA, MICHAEL  
STREET ADDRESS 13297 MOON RD  
CITY-ST-ZIP BROOKSVILLE, FL 34613

TITLE TS ☐ Delete  
NAME MCKENNA, JULIE  
STREET ADDRESS 13297 MOON RD  
CITY-ST-ZIP BROOKSVILLE, FL 34613

TITLE V ☐ Delete  
NAME MCKENNA, BRIAN  
STREET ADDRESS 3020 ROCKVALLEY DR  
CITY-ST-ZIP HOLIDAY, FL 34691

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Michael McKenna* **MICHAEL MCKENNA** 4-24-06 352-200-6876  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #