



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90071 045 ***150.00

DOCUMENT # P04000015224 1. Entity Name GARRY MCKEAN, INC.					
Principal Place of Business 3506 FLAGAN AVE. ORLANDO, FL 32806			Mailing Address 3506 FLAGAN AVE. ORLANDO, FL 32806		
2. Principal Place of Business 4727 INDIAN GAP DR. Suite, Apt. #, etc.		3. Mailing Address 4727 INDIAN GAP DR. Suite, Apt. #, etc.			
City & State ORLANDO, FL		City & State ORLANDO, FL		4. FEI Number 20-1158597	
Zip 32812		Country ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCKEAN, GARRY 3605 FLAGAN AVE. ORLANDO, FL 32806				7. Name and Address of New Registered Agent Name MCKEAN GARRY Street Address (P.O. Box Number is Not Acceptable) 4727 INDIAN GAP DR. City ORLANDO FL Zip Code 32812	
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 <u><i>Garry McKean</i></u> GARY MCKEAN - PRESIDENT <u>3/11/05</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKEAN, GARRY 3506 FLAGAN AVE. ORLANDO, FL 32806	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 4727 INDIAN GAP DR. ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Garry McKean</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		GARRY MCKEAN		<u>3/11/05</u> <small>Date</small>	407-380-5143 <small>Daytime Phone #</small>