## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## ANNUAL REPORT DOCUMENT # P04000015224 1. Entity Name



FILED Apr 20, 2007 08:00 AM Secretary of State

Principal Place of Business

GARRY MCKEAN, INC.

Mailing Address

4727 INDIAN GAP DR ORLANDO, FL 32812 4727 INDIAN GAP DR ORLANDO, FL 32812



DO NOT WRITE IN THIS SPACE

04162007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1158597 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

MCKEAN, GARRY 4727 INDIAN GAP DR ORLANDO, FL 32812

## DO NOT WRITE IN THIS SPACE

					MISSPACE
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 talle if applicable. (NOTE: Registered Agent aignature required when rematating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			cing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	va (1.55)		
TITLE	P				
NAME	MCKEAN, GARRY				
STREET ADORESS	4727 INDIAN GAP DR		unidan Romanan		
CITY-ST-ZIP	ORLANDO, FL 32812				
TETLE					U00000719487
NAME STREET ADDRESS					05/01/07-80066-020 150.00
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CUA-21-31b	,				
TITLE					
NAME STREET ADDRESS					
CITY-ST-ZIP					

12. I hereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119, Florida Statutes, 1 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Jan W. McKen

GARRY MCKETN

4/16/07

407-380-5143

Daytme Phone #