

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90390 032 ***150.00

14012564



01112005 Chg-P CR2E034 (10/03)

4. FEI Number **200657195** Applied For Not Applicable

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

DOCUMENT # P04000016400
 1. Entity Name
KENLY MCGEE, INC.



Principal Place of Business
**336 ALTARA DR
 ST AUGUSTINE, FL 32086**

Mailing Address
**336 ALTARA DR
 ST AUGUSTINE, FL 32086**

2. Principal Place of Business **S/A**
 Suite, Apt. #, etc.

3. Mailing Address **S/A**
 Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

**HARTSELL, ROBERT
 1437 FERZON WAY
 TALLAHASSEE, FL 32312**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCGEE, KENLY H	
STREET ADDRESS	336 ALTARA DR	
CITY-ST-ZIP	ST AUGUSTINE, FL 32086	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGEE, MARY M	
STREET ADDRESS	336 ALTARA DR	
CITY-ST-ZIP	ST AUGUSTINE, FL 32086	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGEE, ANNA-LEE	
STREET ADDRESS	336 ALTARA DR	
CITY-ST-ZIP	ST AUGUSTINE, FL 32086	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

4/21/05 9046697908
 Date Daytime Phone #