


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P04000067311	
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1. Entity Name
MCKENNA CARETAKING, INC.

Principal Place of Business
P.O. BOX 786
LAKE WALES, FL 33859-0786

Mailing Address
P.O. BOX 786
LAKE WALES, FL 33859-0786



04112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1724691	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRISON, JOSEPH A
3500 S FLORIDA AVE
SUITE 3
LAKELAND, FL 33803

**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	D
NAME	MCKENNA, PATRICK T
STREET ADDRESS	3604 RED OAK CT
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	D
NAME	MCKENNA, MARTIN J
STREET ADDRESS	1513 NE LAKEVIEW DR
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	D
NAME	MCKENNA, MELODY
STREET ADDRESS	3604 RED OAK CT
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	D
NAME	MCKENNA, KAREN N
STREET ADDRESS	1513 NE LAKEVIEW CT
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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:

Karen N. McKenna

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-07

Date

863-382-3892

Daytime Phone #