# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2006**
**Secretary of State**

DOCUMENT# P04000143474

**Entity Name:** MCKENNA'S HOME REPAIR, INC.

**Current Principal Place of Business:**

2191 ROBERT PAINE ST.
ORANGE PARK, FL 32073

**New Principal Place of Business:**

2300 TWELVE OAKS DR.
APT. C2
ORANGE PARK, FL 32065

**Current Mailing Address:**

2191 ROBERT PAINE ST.
ORANGE PARK, FL 32073

**New Mailing Address:**

2300 TWELVE OAKS DR.
APT. C2
ORANGE PARK, FL 32065

**FEI Number: 86-1119204** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCKENNA, MICHAEL C
2191 ROBERT PAINE ST.
ORANGE PARK, FL 32073 US

**Name and Address of New Registered Agent:**

MCKENNA, MICHAEL C
2300 TWELVE OAKS DR.
APT. C2
ORANGE PARK, FL 32065 US

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.

SIGNATURE: _____ 04/28/2006
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: MCKENNA, MICHAEL C
Address: 2191 ROBERT PAINE ST.
City-St-Zip: ORANGE PARK, FL 32073

Title: STD ( ) Delete
Name: MCKENNA, JENNIFER R
Address: 2191 ROBERT PAINE ST.
City-St-Zip: ORANGE PARK, FL 32073

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: MCKENNA, MICHAEL C
Address: 2300 TWELVE OAKS DR. APT. C2
City-St-Zip: ORANGE PARK, FL 32065

Title: STD (X) Change ( ) Addition
Name: MCKENNA, JENNIFER R
Address: 2300 TWELVE OAKS DR. APT. C2
City-St-Zip: ORANGE PARK, FL 32065

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MCKENNA P 04/28/2006
Electronic Signature of Signing Officer or Director — Date