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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000039970

1. Entity Name
MCGEE TRANSMISSION SERVICE, INC.

Principal Place of Business	Mailing Address
940 SANTA ROSA BLVD., APT. 2236 FORT WALTON BEACH, FL 32548	940 SANTA ROSA BLVD., APT. 2236 FORT WALTON BEACH, FL 32548

04302007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-2514568 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JAMES SHERMAN JENKINS
104 TROY CIR.
FORT WALTON BCH, FL. 32547

7. Name and Address of New Registered Agent

Name Rebecca M. Shelton
Street Address (P.O. Box Number is Not Acceptable) 5909 Savannah Dr.
City Milton FL Zip Code 32570

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 Rebecca M. Shelton 2/26/08
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	MCGEE WRIGHT, CHARLES		NAME		
STREET ADDRESS	~~940 SANTA ROSA BLVD., APT. 2236~~		STREET ADDRESS	2130 PERSIDIO ST	
CITY-ST-ZIP	~~FORT WALTON BEACH, FL 32548~~		CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE	DST	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	SHELTON, ROSLYNN M.		NAME		
STREET ADDRESS	~~5909 SAVANNAH DR.~~		STREET ADDRESS	2130 PERSIDIO ST	
CITY-ST-ZIP	~~MILTON, FL 32570~~		CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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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: McGee Wright [signature] Apr 30 07 (850) 862-7889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #