

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

04-28-2008 90331 004 \*\*\*150.00  
P05000039970

<b>DOCUMENT # P05000039970</b> 1. Entity Name <b>MC GEE TRANSMISSION SERVICE, INC.</b>			
Principal Place of Business <b>940 SANTA ROSA BLVD., APT. 2236 FORT WALTON BEACH, FL 32548</b>		Mailing Address <b>940 SANTA ROSA BLVD., APT. 2236 FORT WALTON BEACH, FL 32548</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. <b>2130 PERSIDIO ST</b>		Suite, Apt. #, etc. <b>2130 PERSIDIO ST</b>	
City & State <b>NAVARRA, FL.</b>		City & State <b>NAVARRA, FL.</b>	
Zip <b>32566</b>		Zip <b>32566</b>	
Country <b>SANTA ROSA</b>		Country <b>SANTA ROSA</b>	
6. Name and Address of Current Registered Agent  <b>SHELTON, REBECCA M 5909 SAVANNAH DR MILTON, FL 32570</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <u><i>Charles M. Wright</i></u> <span style="float: right;">DATE: _____</span> <small>Signature typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reappointing.</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MC GEE WRIGHT, CHARLES 2130 PERSIDIO ST NAVARRA, FL 32566	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 2em; text-align: center;">07/5/13</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SHELTON, ROSLYNN M. 2130 PERSIDIO ST NAVARRA, FL 32566	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Charles M. Wright</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/3/08 850-862-5955 <small>Date Daytime Phone #</small>	

FILED

08 MAY 13 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03142008 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-2514568**

Applied For  
Not Applicable

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