2006 FOR PROFIT CORPORATION

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Apr 17, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P05000101688 04-17-2006 90409 018 ***150.00 1. Entity Name MCGEHEE REAL ESTATE SERVICES, INC. Principal Place of Business Mailing Address 25128 MERCEDES DR 25128 MERCEDES DR PUNTA GORDA, FL 33983 PUNTA GORDA, FL 33983 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092006 CR2E034 (11/05) Cha-P City & State City & State 4. FEI Number Applied For 54 - 2180397 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUNDERSON, MIKO P Street Address (P.O. Box Number is Not Acceptable) 18501 MURDOCK CIR STE 101 PT CHARLOTTE, FL 33948-1067 Zip Code City Fl 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. . i,' SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. n TITLE Delete TITLE ☐ Change Addition MCGEHEE, BRYAN A NAME NAME 25128 MERCEDES DR STREET ADDRESS STREET ADDRESS PUNTA GORDA, FL 33983 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

Change

■ 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.

TITLE

NAME

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CITY-ST-ZIP

□ Delete