2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State
02-22-2007 90001 026 ***150.00

DOCUMENT # P06000008409

1. Entity Name
MCKEOWN AND WEBBER PAINTING INC.

Principal Place of Business	Mailing Address
470 N. WILLOWOOD PT. CRYSTAL RIVER FL 34429	470 N. WILLOWOOD PT. CRYSTAL RIVER FL 34429

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		PO BOX 200	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Homosassa FL	
Zip	Country	Zip: 34487	Country: Citrus

4. FEI Number: 20-4075792 ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCKEOWN, TIMOTHY
~~470 N. WILLOWOOD PT~~
~~CRYSTAL RIVER FL 34429~~
PO BOX 200
Homosassa, FL 34487

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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
Make Check Payable to Florida Department of State

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	PRES	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MCKEOWN, TIMOTHY		NAME		
STREET ADDRESS	~~470 N. WILLOWOOD PT~~		STREET ADDRESS		
CITY-ST-ZIP	~~CRYSTAL RIVER FL 34429~~		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WEBBER, JOY		NAME		
STREET ADDRESS	~~470 N. WILLOWOOD~~ PT		STREET ADDRESS		
CITY-ST-ZIP	~~CRYSTAL RIVER FL 34429~~		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Joy Webber 2-10-07 352-2283844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #