

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90025 025 ***150.00

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1. Entity Name
MCKEOWN AND WEBBER PAINTING INC.



Principal Place of Business
**470 N. WILLOWOOD PT.
CRYSTAL RIVER, FL 34429**

Mailing Address
**P.O. BOX 200
HOMOSASSA, FL 34487**

DO NOT WRITE IN THIS SPACE



01232008 No Chg-P CR2E034 (11/05)

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
10175 W. Fishbowl DR.
HOMOSASSA, FL 34448

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE**

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: Joy Webber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P. 3-05-08 352-2283844
Date Daytime Phone #