

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000008409

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: MCKEOWN AND WEBBER PAINTING INC.

**Current Principal Place of Business:**

470 N. WILLOWOOD PT.  
CRYSTAL RIVER, FL 34429

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 200  
HOMOSASSA, FL 34487

**New Mailing Address:**

FEI Number: 20-4075792

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCKEOWN, TIMOTHY  
10175 W. FISHBOWL DR  
HOMOSASSA, FL 34448 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: MCKEOWN, TIMOTHY  
Address: 470 N. WILLOWOOD PT  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VP ( ) Delete  
Name: WEBBER, JOY  
Address: 470 N. WILLOWOOD PT  
City-St-Zip: CRYSTAL RIVER, FL 34429

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY MCKEOWN

PRES

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date