

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90167 005 \*\*\*150.00

**DOCUMENT # P94000024609**

1. Entity Name  
MCENANY CONTRACTING, INC.



Principal Place of Business  
8803 INDUSTRIAL DRIVE  
TAMPA, FL 33637

Mailing Address  
8803 INDUSTRIAL DRIVE  
TAMPA, FL 33637

**DO NOT WRITE IN THIS SPACE**



02152006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3233204

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MCENANY, MICHAEL  
8803 INDUSTRIAL DRIVE  
TAMPA, FL 33637

**DO NOT WRITE  
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 \_\_\_\_\_  
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, 2006 Fee will be \$550.00

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME MCENANY, MICHAEL  
STREET ADDRESS 8803 INDUSTRIAL DR.  
CITY-ST-ZIP TAMPA, FL 33637

TITLE D  
NAME GOODIN, BRUCE  
STREET ADDRESS 8803 INDUSTRIAL DR  
CITY-ST-ZIP TAMPA, FL

TITLE D  
NAME SLOAT, MARK  
STREET ADDRESS 8803 INDUSTRIAL DR  
CITY-ST-ZIP TAMPA, FL 33637

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/27/06 Daytime Phone # \_\_\_\_\_