


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000002423 1. Entity Name MCKENNA & ASSOCIATES CITRUS, INC.	
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Principal Place of Business 2551 LAKEVIEW DR. SEBRING, FL 33870	Mailing Address 2551 LAKEVIEW DR. SEBRING, FL 33870
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DO NOT WRITE IN THIS SPACE



04142006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0557117	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MORRISON, JOSEPH A 5410 S. FLORIDA AVE. SUITE 3 LAKELAND, FL 33813
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	05/02/06-80097-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCKENNA, MARTIN J 2551 LAKEVIEW DR SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MCKENNA, KAREN N 2551 LAKEVIEW DR SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: <u>Karen N. McKenna</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4-16-06 <small>Date</small>	863-382-3592 <small>Daytime Phone #</small>
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