

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90177 046 ***150.00

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DOCUMENT # P95000069383 1. Entity Name K & Z MCGREGOR, INC.					
Principal Place of Business 18934 SR 19 GROVELAND, FL 34736 US			Mailing Address 18934 SR 19 GROVELAND, FL 34736 US		
2. Principal Place of Business 5441 Mary's Villa Rd. Suite, Apt. #, etc.		3. Mailing Address 5441 Mary's Villa Rd. Suite, Apt. #, etc.		04282005 Chg-P CR2E034 (10/03)	
City & State Groveland, FL Zip Country 34736 USA		City & State Groveland, FL Zip Country 34736 USA		4. FEI Number 59-3337238 Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MCGREGOR, SHANE H 18934 SR 19 GROVELAND, FL 34736				7. Name and Address of New Registered Agent Name McGregor Shane H Street Address (P.O. Box Number is Not Acceptable) 5441 Mary's Villa Road City Groveland FL Zip Code 34736	
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, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete MCGREGOR, SHANE 4800 SR 19 5441 Mary's Villa Rd. GROVELAND, FL 34736		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Shane H. McGregor</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Shane H. McGregor			4-28-05 352-429-1201 Date Daytime Phone #		