

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000076878

1. Entity Name
MCKETHAN HOLDINGS, INC.



Principal Place of Business
**11 N. MAIN STREET
BROOKSVILLE, FL 34601 US**

Mailing Address
**11 N. MAIN STREET
BROOKSVILLE, FL 34601 US**



02262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3340963

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MASON, JOSEPH M JR
101 SOUTH MAIN STREET
BROOKSVILLE, FL 34601**

**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 reappointing)

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	P
NAME	BUCKER, ROBERT A.
STREET ADDRESS	11 NORTH MAIN STREET
CITY-ST-ZIP	BROOKSVILLE, FL
TITLE	VP
NAME	KIMBROUGH, JAMES H JR
STREET ADDRESS	11 N MAIN ST
CITY-ST-ZIP	BROOKSVILLE, F, 34601
TITLE	D
NAME	BUCKNER, C M
STREET ADDRESS	10019 DOMINGO DR
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	D
NAME	BUCKNER, WILLIAM M
STREET ADDRESS	11 N. MAIN STREET
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	D
NAME	BUCKNER, JAMES C
STREET ADDRESS	11 N. MAIN STREET
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	D
NAME	PARKER, KATHY K
STREET ADDRESS	120 STADIUM CT
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082

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03/18/06-80049-007 150.00

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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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. Buckner

2-28-06 352-7964544

Date

Daytime Phone #