


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 28, 2008 08:00 A
Secretary of State

DOCUMENT # P95000076878
 1. Entity Name
MCKETHAN HOLDINGS, INC.



Principal Place of Business Mailing Address
11 N. MAIN STREET **P O BOX 578**
BROOKSVILLE, FL 34601 US **BROOKSVILLE, FL 34605 US**

DO NOT WRITE IN THIS SPACE



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3340963	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

DO NOT WRITE IN THIS SPACE

U00000739851
 01/30/08-80083-021 150.00

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:  **Robert A. Buckner**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone #