

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90045 036 ***150.00

DOCUMENT # S46518

1. Entity Name

MACKEE, INC.



Principal Place of Business

**800 49TH STREET NORTH
ST. PETERSBURG FL 33710
US**

Mailing Address

**P.O. BOX 14448
ST. PETERSBURG LF 33733-4448
US**

2. Principal Place of Business

8410 GULF BLVD

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 66003

Suite, Apt. #, etc.

City & State

ST. PETE BEACH, FL

Zip

33706

Country

PINELLAS

City & State

ST. PETE BEACH, FL

Zip

33736-6003

Country

PINELLAS

6. Name and Address of Current Registered Agent

**MCKEEVER, MICHAEL
800 49TH STREET NORTH
ST. PETERSBURG FL 33710**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> Delete
NAME	MCKEEVER, MICHAEL	
STREET ADDRESS	6699 90TH AVE. NORTH	
CITY-ST-ZIP	PINELLAS PARK FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Michael McKeever (MICHAEL MCKEEVER) 1/24/05 727 360-1396

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #