

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # S73920**

1. Entity Name  
MCKEE-THOMAS CONSTRUCTION, INC.



Principal Place of Business  
5960 S.W. 1ST LANE  
OCALA, FL 34474 US

Mailing Address  
P.O. BOX 770265  
OCALA, FL 34477 US

**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0280111 Applied For Not Applicable

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

**6. Name and Address of Current Registered Agent**

MCKEE, JOHN R.  
885 SW 89TH TERR  
OCALA, FL 34481

**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 reinstating)

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 DP  
NAME MCKEE, JOHN R  
STREET ADDRESS 885 SW 89TH TERR  
CITY-ST-ZIP Ocala, FL 34481

TITLE DST  
NAME MCKEE, ADRIANNE T  
STREET ADDRESS 885 SW 89TH TERR  
CITY-ST-ZIP Ocala, FL 34481

TITLE  
NAME  
STREET ADDRESS  
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03/31/06-80024-007 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Adrianne T. McKee* ADRIANNE T. McKee 03/15/06 (352) 854-508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone if