

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90007 031 ***150.00

DOCUMENT # 136240

1. Entity Name

WHIDDEN - MCLEAN FUNERAL HOME, INC.



Principal Place of Business

**650 E MAIN ST
BARTOW FL 33831-1020
US**

Mailing Address

**650 E MAIN ST
PO BOX 1020
BARTOW FL 33831-1020**

2. Principal Place of Business

3. Mailing Address

P.O. Box 1020

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Bartow, FL

Zip

Country

Zip

Country

33831

Polk

4. FEI Number

59-0464463

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCLEAN, DONALD S. JR.
1570 PALM PLACE
BARTOW FL 33830**

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, 2006 Fee Will Be \$650.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete
NAME MCLEAN, DONALD S JR
STREET ADDRESS 1570 S. PALM PLACE
CITY-ST-ZIP BARTOW FL

TITLE P ☒ Change
NAME McLean, Donald S. JR
STREET ADDRESS 1570 S Palm Place
CITY-ST-ZIP Bartow, FL 33830

TITLE VPS ☒ Delete
NAME MCLEAN, DONALD S JR.
STREET ADDRESS 1570 S. PALM PLACE
CITY-ST-ZIP BARTOW FL

TITLE T ☒ Change ☐ Addition
NAME McLean, Marc B.
STREET ADDRESS 312 E. Broadway
CITY-ST-ZIP Fort Meade, FL 33841

TITLE VPS ☒ Delete
NAME MCLEAN, MARC B
STREET ADDRESS 220 N IDLEWOOD AVE
CITY-ST-ZIP BARTOW FL

TITLE S ☐ Change ☒ Addition
NAME Hardee, Timothy M.
STREET ADDRESS 1175 E Hibiscus DR
CITY-ST-ZIP Bartow, FL 33830

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME McLean, Deborah B.
STREET ADDRESS 1570 S Palm PL
CITY-ST-ZIP Bartow, FL 33830

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD S. McLean SR

3/9/06

863-533-8123