

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2005 08:00 AM
Secretary of State**

DOCUMENT # 692711 1. Entity Name FREDERICK R. MACLEAN, P.A.	
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Principal Place of Business 2600 N.E. 14 ST. CAUSEWAY POMPANO BEACH, FL 33062	Mailing Address 2600 N.E. 14 ST. CAUSEWAY POMPANO BEACH, FL 33062
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2135386	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MACLEAN, ANNE B. 2600 N.E. 14 STREET CAUSEWAY POMPANO BEACH, FL 33062	DO NOT WRITE IN THIS SPACE
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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	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACLEAN, FREDERICK R. 2600 N.E. 14 ST. CSWY POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MACLEAN, ANNE B. 2600 N.E. 14 ST. CSWY. POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EMA, CHRISTOPHER 260 NE 14 ST. CSWY. POMPANO BEACH, FL 33062
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**DO NOT WRITE
IN THIS SPACE**

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01/12/05-80009-024 150.00

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: Anne B. MacLean 1/6/05 954-785-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Anne B. MacLean, Sec./Tres.