

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 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



01042007 No Chg-P CR2E034 (11/05)

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

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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000597046 01/24/07-80020-016 150.00
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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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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
Frederick R. Maclean, President

Date: 1/18/07 Daytime Phone #: 954-785-1900