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Apr 26, 2005 8:00 am
Secretary of State

03-18-2005 90042 031 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000124115

1. Entity Name
A. W. MCLELLAND ENTERPRISES, INC.

66013140

Principal Place of Business	Mailing Address
3544 EMORYWOOD LANE ORLANDO, FL 32812	3544 EMORYWOOD LANE ORLANDO, FL 32812

01062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3544 Emerywood Ln. (Suite, Apt. #, etc.)	3544 Emerywood Ln. (Suite, Apt. #, etc.)
City & State: Orlando Fl.	City & State: Orlando, Fl.
Zip: 32812 Country: US	Zip: 32812 Country: US

4. FEI Number 27-0102759 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCLELLAND, ALDRICK W
3544 EMORYWOOD LANE
ORLANDO, FL 32812

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: A.W. McLelland 3/12/05
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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MCLELLAND, ALDRICK W		NAME		
STREET ADDRESS	3544 EMORYWOOD LANE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32812		CITY-ST-ZIP		
TITLE	VPT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MCLELLAND, PATRICIA B		NAME		
STREET ADDRESS	3544 EMORYWOOD LANE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32812		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: A.W. McLelland 4/12/05 407-376-0182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #