

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90019 050 ***150.00

DOCUMENT # P05000053988	
--------------------------------	---

1. Entity Name
JIM MCLEAN TEXAS, INC.

Principal Place of Business 1300 NW 167TH ST - STE 3 MIAMI, FL 33169	Mailing Address 1300 NW 167TH ST - STE 3 MIAMI, FL 33169
--	--

2. Principal Place of Business 4400 NW 87TH AVE MIAMI, FL 33178	3. Mailing Address 4400 NW 87TH AVE MIAMI, FL 33178
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	Zip	Country



02072006 Chg-P CR2E034 (11/05)

4. FEI Number 20-267275	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MORGAN, CHARLES O JR
1300 NW 167TH ST - STE 3
MIAMI, FL 33169**

7. Name and Address of New Registered Agent

Name **JIM MCLEAN**

Street Address (P.O. Box Number is Not Acceptable)
**JIM MCLEAN GOLF SCHOOL
4400 NW 87TH AVE**

City **MIAMI, FL** Zip Code **33178**

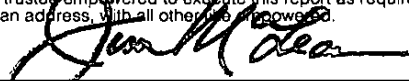
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCLEAN, JIM DORAL COUNTRY CLUB 4400 NW 87TH AVE. MIAMI, FL 331782192 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 information provided.

SIGNATURE:  **2/1/06** **305-591-6409**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #