


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90047 013 \*\*\*150.00

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| <b>DOCUMENT # 493195</b><br>1. Entity Name<br>MCCLENDON, INC. |  |
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|---|---|
| Principal Place of Business<br>528 N. CROOKED LAKE DRIVE<br>P.O. BOX 5<br>BABSON PARK, FL 33827 | Mailing Address<br>528 N. CROOKED LAKE DRIVE<br>P.O. BOX 5<br>BABSON PARK, FL 33827 |
|---|---|

49017000



03012004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number<br>59-1671247 | Applied For<br>Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
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| 6. Name and Address of Current Registered Agent<br><br>MCCLENDON, JAMES C.<br>528 N. CROOKED LAKE DRIVE<br>BABSON PARK, FL 33827 |
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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 \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MCCLENDON, JAMES C<br>528 N CROOKED LAKE DR<br>BABSON PARK, FL 00000,  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>MCCLENDON, JOYCE M<br>528 N CROOKED LAKE DR<br>BABSON PARK, FL 00000, |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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| <b>DO NOT WRITE IN THIS SPACE</b> |
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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: James C. Mc Clendon  
\_\_\_\_\_  
JAMES C. MC CLENDON  
Date 3/5/04 Daytime Phone # 863/638-1196