

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 575091

1. Entity Name
MCLELLAND'S, INC.



Principal Place of Business
317 N DIXIE HIGHWAY
P.O. BOX 2
LAKE WORTH, FL 33460

Mailing Address
317 N DIXIE HIGHWAY
P.O. BOX 2
LAKE WORTH, FL 33460

DO NOT WRITE IN THIS SPACE



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1933051

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MUSGROVE, CHARLES
2328 SOUTH CONGRESS AVE. SUITE 1-D
WEST PALM BCH, FL 33408

DO NOT WRITE
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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GREEN, DEBORAH
STREET ADDRESS	317 N DIXIE HWY
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	VPD
NAME	MCLELLAND, TED C.
STREET ADDRESS	317 N DIXIE HWY
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	TD
NAME	MCLELLAND, PERRY
STREET ADDRESS	317 NORTH DIXIE HWY.
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	SD
NAME	MCLELLAND SANDRA
STREET ADDRESS	317 N DIXIE HWY
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000557385
05/17/06-80048-010 150.00

DO NOT WRITE
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

Date

Daytime Phone #

Deborah Green

4/25/06 (561) 585-3366