

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 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**



04112007 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 33406**

**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, 2007 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

**DO NOT WRITE  
IN THIS SPACE**

U00000703688  
04/20/07-80151-007 150.00

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*  
**4/12/07 (561) 585-3266**