


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 740788

1. Entity Name
MCCLAIN, INC.



Principal Place of Business 7211 N. DALE MABRY HWY SUITE 210 TAMPA, FL 33614 US	Mailing Address 7211 N. DALE MABRY HWY SUITE 210 TAMPA, FL 33614 US
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DO NOT WRITE IN THIS SPACE



01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-1846986	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**BRADDY, MICHAEL J
 19115 NATURE PALM LANE
 TAMPA, FL 33647**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

1100007447667
 03/08/06-80066-016 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NELSON, MARY E 3404 LACEWOOD ROAD TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD CROWDER, MARK 4014 S. CHURCH AVENUE TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIGGS, PATRICIA B 3419 LACEWOOD ROAD TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ECD DUBOIS, JOEL 13604 COZY PLACE TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEA, LUCETTA 4207 MILL VALLEY COURT TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ECD ELOJAN, TINA MARIE 2229 CAMP INDIANHEAD ROAD LAND O LAKES, FL 34639

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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 617, 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: _____ Date: **2/10/2006** Daytime Phone #: **813-930-0088**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR