

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F06000006879

1. Entity Name
MCLEMORE INTERESTS, INC.



Principal Place of Business
3355 W. ALABAMA
SUITE 1150
HOUSTON, TX 77098

Mailing Address
3355 W. ALABAMA
SUITE 1150
HOUSTON, TX 77098

FILED
2008 SEP 15 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9.17 JY



07172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5396584

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DRIVE
SUITE A
TALLAHASSEE, FL 32301

**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, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

900136101359
08/13/08--01039--020 **550.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CP
MCLEMORE, S H
3355 W. ALABAMA #1150
HOUSTON, TX 77098

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
BURLEY, JOHN M
3355 W. ALABAMA #1150
HOUSTON, TX 77098

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

**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

Aug 29 2008

Date

712-888-0080

Daytime Phone #