


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90036 045 \*\*\*158.75

<b>DOCUMENT # P00000002015</b> 1. Entity Name <b>J.T. ROSS MCLEAN ENTERPRISES, INC.</b>					
Principal Place of Business <b>29218 CADDY SHACK SAN ANTONIO, FL 33576</b>			Mailing Address <b>PO BOX 936 SAN ANTONIO, FL 33576</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3619098</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>ROSS, JOHN 29218 CADDY SHACK SAN ANTONIO, FL 33576</b>				7. Name and Address of New Registered Agent  Name <b>ROSS, Lourdes A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>29218 CADDY SHACK</b> City <b>SAN ANTONIO</b> FL <b>33576</b>	
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 <u>Lourdes A. Ross (Lourdes A. Ross)</u> DATE <u>1-14-05</u> <small>(Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSS, JOHN 29218 CADDY SHACK SAN ANTONIO, FL 33576	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSS, Lourdes A. 29218 CADDY SHACK SAN ANTONIO, FLORIDA 33576	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSS, LOURDES A 29218 CADDY SHACK SAN ANTONIO, FL 33576	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HELEN FINIZIO 35409 JOMAR Zephyrhills, FLORIDA 33541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <u>Lourdes A. Ross (Lourdes A. Ross)</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1-14-05</u> Daytime Phone # <u>352 588 0158</u>		