

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000044375

Entity Name: MCLAIN ELECTRIC, INC.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

4070 C.R. 124A UNIT #4
WILDWOOD, FL 34785 US

New Principal Place of Business:

3689 N. US HWY 301
WILDWOOD, FL 34785 US

Current Mailing Address:

P.O. BOX 249
OXFORD, FL 34484 US

New Mailing Address:

3689 N. US HWY 301
WILDWOOD, FL 34785 US

FEI Number: 59-3642775

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWMAN, STEVEN H.L.
607 US HWY 41 SOUTH
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOWMAN, H.L. STEVEN
Address: 607 US HWY 41 SOUTH
City-St-Zip: INVERNESS, FL 34450

Title: PS () Delete
Name: MCLAIN, GERALD G
Address: 94 S LUCILLE STREET
City-St-Zip: BEVERLY HILLS, FL 34465

Title: VPT () Delete
Name: MCLAIN, SANDRA
Address: 94 S LUCILLE STREET
City-St-Zip: BEVERLY HILLS, FL 34465

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PS (X) Change () Addition
Name: MCLAIN, GERALD G
Address: PO BOX 94
City-St-Zip: GARDEN VALLEY, ID 83622

Title: VPT (X) Change () Addition
Name: MCLAIN, SANDRA K
Address: PO BOX 94
City-St-Zip: GARDEN VALLEY, ID 83622

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA K. MCLAIN

VPT

04/14/2009

Electronic Signature of Signing Officer or Director

Date