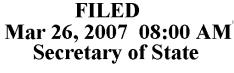
2007 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # P00000092951 1. Entity Name S & S MCLAIN, INC



o d o Mozality itto.										
Principal Plac	ce of Business	Maili	ng Address			1				
2126 OAK BEACH BOULEVARD SEBRING FL 33875		2126 OAK BEACH BOULEVARD SEBRING FL 33875					13/1 13 /1 13 /1 17			
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suito, Apt. #, etc.			Suite, Apt. #, etc.			1st MOORE CR2E034 (10/06)				
City & State			City & State			4. FE! Numb	⁵⁹⁻³⁶⁷³⁸	79	 -	Applied For Not Applicable
Zip	Country	Zip		Country		5. Cortificate	o of Status Desired		\$8.75 A Fee Requi	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
SPIEGEL & UTRERA, P.A.					Namo					
343 ALMERIA AVENUE CORAL GABLES FL 33134					Street Address (P.O. Box Number is Not Acceptable)					
					City			FL	Zip Co	de
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.										n, and accept
SIGNATURE Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	Signature, typed or printed name of registered agent a	nd tille (ap	plicable. [NOTE:	Hegistered Age	ent signatura required	Wyen teru s (atruch)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State							9. Election Cam Trust Fund Co	. •		6.00 May Be ded to Fees
10.	OFFICERS AND I	DIRECTO)R\$	11.		ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 11
TITLE	PD		Delete	TITLE					☐ Change	☐ Addition
NAME	MCLAIN, SCOTT W			NAME						
STREET ADDRESS CITY-ST-ZIP	2126 OAK BEACH BOULEVARD SEBRING FL 33875	·		STRUCT AL CITY-ST-	· I					
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NAME	MCLAIN, STACEY E 2126 OAK BEACH BOULEVARD			NAME			0000	0006777	1 0	400 00
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NAME Street address +				NAM!" Street ad	OORESS					İ
CITY SI-ZIP				CITY-SI-2	I					
										

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath: 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 attack prient with an address, with all gardy like empowered.

SIGNATURE:

963-402-0990