
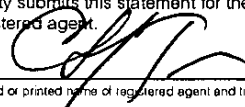


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90039 006 \*\*\*150.00

<b>DOCUMENT # P01000117857</b> 1. Entity Name <b>J. MCLAUCHLIN &amp; COMPANY, INC.</b>																													
Principal Place of Business <b>3019 SW 27TH AVE STE 102 OCALA FL 34474</b>			Mailing Address <b>3019 SW 27TH AVE STE 102 OCALA FL 34474</b>																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		4. FEI Number <b>02-0544005</b> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>TROW, CHESTER J 1 NE FIRST AVE STE 303 OCALA FL 34470</b>																									
7. Name and Address of New Registered Agent Name <b>Chester J. Trow</b> Street Address (P.O. Box Number is Not Acceptable) <b>21 North Magnolia Avenue</b> <b>Second Floor</b> City <b>Ocala</b> FL <b>34475</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  DATE <b>3/16/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																									
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCLAUCHLIN, BEN G</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3019 SW 27TH AVE STE 102</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>OCALA FL 34474</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	MCLAUCHLIN, BEN G		STREET ADDRESS	3019 SW 27TH AVE STE 102		CITY - ST - ZIP	OCALA FL 34474		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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**SIGNATURE:**

**Ben G. Mclauchlin**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-16-05**  
Date

**(352) 873-3900**  
Daytime Phone #

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.