


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000089946		
1. Entity Name MCLAMB MANAGEMENT, INC.		
Principal Place of Business 2981 SHOREWARD AVENUE ORANGE PARK, FL 32073	Mailing Address 2981 SHOREWARD AVENUE ORANGE PARK, FL 32073	



01292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0481976	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCLAMB, JAMES N
2981 SHOREWARD AVE
ORANGE PARK, FL 32073**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**U000000812530
02/12/08-80053-006 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCLAMB, RICHARD P
STREET ADDRESS	13644 ROCK FLINT COURT
CITY-ST-ZIP	CLIFTON, VA 20124
TITLE	D
NAME	MCLAMB, JAMES N
STREET ADDRESS	2981 SHOREWARD AVE
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	D
NAME	MCLAMB, MICHAEL
STREET ADDRESS	1690 WOODMERE DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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:  **1/30/2008 203-919-2604**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #