## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 17, 2004 8:00 am Secretary of State DOCUMENT # P020001097614 1. Entity Name 02-17-2004 90026 022 \*\*\*150 00 TER! MACLEAN, P.A. Principal Place of Business Mailing Address 108 LAGRANDE BLVD. 1415 BONAVENTURE LANE LADY LAKE FL 32159 LADY LAKE FL 32159 2. Principal Place of Business 3. Mailing Address 108 LAGRANDE 1303LOPEZ Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 48-1279736 AOV LAK Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MACLEAN, TERI Street Address (P.O. Box Number is Not Acceptable) 1415 BONAVENTURE LANE LADY LAKE FL 32159 City LADY LAKE Zip Code 3 z / 5 9 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. CLE JUDITH T. MACLEAN (NOTE: Registered Agent signature required when reinstating) name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE NAME MALLEAN, JUDITH NAME MACLEAN, JUDITH T. STREET ADDRESS 1415 BONAVENTURE LANE STREET ADDRESS 1303 LOPEZ LADY LAKE, FL CITY-ST-ZIP LADY LAKE FL 32159 CITY-ST-ZIP TITLE Delete TITLE Addition MACLEAN, DUNCAN A MACLEAN, A. DUNCAN 1363 LOPEZ LAVE NAME NAME STREET ADDRESS 1415 BONAVENTURE LANE STREET ADDRESS CITY-ST-ZIP LADY LAKE FL 32159 CITY-ST-ZIP LADY LAKE, FL 3215 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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. TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 352-406-8765

FILED