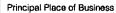
2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000031642

1. Entity Name

MIKE MCLENDON ENTERPRISES, INC.



1702 MARYLAND AVE LYNN HAVEN, FL 32444 Mailing Address

1702 MARYLAND AVE LYNN HAVEN, FL 32444

FILED Apr 17, 2008 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

04162008 No Chg-P CR2E034 (11/05)

4. FEI Number 47-0917417

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCLENDON, MICHAEL A 1702 MARYLAND AVE LYNN HAVEN, FL 32444

DO NOT WRITE IN THIS SPACE

the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000904463 05/01/08-80012-023 150.00
10. OFFICERS AND DIRECTORS					
TITLE	P				
NAME	MCLENDON, MICHAEL A				
STREET ADDRESS	1702 MARYLAND AVE				
CITY-ST-ZIP	LYNN HAVEN, FL 32444	•			
TITLE	Т				
NAME	MCLENDON, BARBARA K				
STREET ADDRESS	1702 MARYLAND AVE				•
CITY-ST-ZIP	LYNN HAVEN, FL 32444				
TITLE					
NAME	_				
STREET ADDRESS				DO	NOT WOITE
CITY-ST-ZIP				DO	NOT WRITE
TITLE				INI '	THIS SPACE
NAME				114	THIS SPACE
STREET ADDRESS					
CITY-ST-ZIP					

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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PROTECT HAME OF SIGNING OFFICER OR DIRECTOR

4/15/08 802