

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90079 012 ***150.00

DOCUMENT # P04000054178

1. Entity Name

MCLAIN ELECTRICAL CONTRACTORS, INC.



Principal Place of Business

**1086 SPOKANE AVE.
ATLANTIC BEACH FL 32233**

Mailing Address

**P.O. BOX 331496
ATLANTIC BEACH FL 32233**

50018489



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

**600 PENMAN RD.
Suite, Apt. #, etc. N/A
City & State JACKSONVILLE BEACH FL.
Zip 32250 Country U.S.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

#20-0929605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCLAIN, EUGENE J
1086 SPOKANE AVE.
ATLANTIC BEACH FL 32233**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DPT ☐ Delete
NAME MCLAIN, EUGENE J
STREET ADDRESS 600 PENMAN RD.
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE S ☐ Delete
NAME ACRES, VIRGINIA
STREET ADDRESS 1086 SPOKANE AVE.
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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.

SIGNATURE:

EUGENE J. MCLAIN 2/16/05 (904) 714-3521
PRES. (904) 241-4954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #