

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90034 007 \*\*\*158.75

DOCUMENT # P04000054178

1. Entity Name

MCLAIN ELECTRICAL CONTRACTORS, INC.



Principal Place of Business

600 PENMAN RD  
JACKSONVILLE BEACH FL 32250

Mailing Address

P.O. BOX 331496  
ATLANTIC BEACH FL 32233



2. Principal Place of Business

11685 Rice Rd.  
Suite, Apt. #, etc.  
NA

3. Mailing Address

P.O. Box 331496  
Suite, Apt. #, etc.  
NA

1st MOORE

CR2E034 (10/05)

City & State

JACKSONVILLE FL.

Zip  
32218

Country  
U.S.

City & State

JACKSON ATLANTIC BEACH FL.

Zip  
32233

Country  
U.S.

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 EUGENE J. MCLAIN

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

11685 RICE RD.

City JACKSONVILLE FL Zip Code 32218

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 Eugene J. McLain EUGENE J. MCLAIN - PRES. 2/7/06  
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, 2006 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  
NAME MCLAIN, EUGENE J  
STREET ADDRESS 600 PENMAN RD.  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT  
NAME EUGENE J. MCLAIN  
STREET ADDRESS 11685 RICE RD.  
CITY-ST-ZIP JACKSONVILLE FL 32218 ☒ Change ☐ Addition

TITLE SECRETARY  
NAME EUGENE J. MCLAIN  
STREET ADDRESS 11685 RICE RD.  
CITY-ST-ZIP JACKSONVILLE FL 32218 ☒ Change ☐ Addition

TITLE VICE PRESIDENT  
NAME EUGENE J. MCLAIN  
STREET ADDRESS 11685 RICE RD.  
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ Change ☒ Addition

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Eugene J. McLain EUGENE J. MCLAIN Pres. 2/7/06 (904) 714-3521  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #