


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90166 047 ***150.00

DOCUMENT # P05000038758					
1. Entity Name MCLEAN ARTISTIC DESIGNS INC.					
Principal Place of Business 8336 LAGOON ROAD FT. MYERS BEACH, FL 33931			Mailing Address 8336 LAGOON ROAD FT. MYERS BEACH, FL 33931		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MCLEAN, SARAH A 8336 LAGOON ROAD FT. MYERS BEACH, FL 33931			7. Name and Address of New Registered Agent Name: <u>Chris Chase</u> Street Address (P.O. Box Number is Not Acceptable): <u>8336 Lagoon Rd.</u> City: <u>Ft. Myers Beach</u> FL Zip Code: <u>33931</u>		
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: <u>Christopher W. Chase</u> CHRISTOPHER W. CHASE DATE: <u>4/2/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCLEAN, SARAH A		NAME	Chris Chase	
STREET ADDRESS	8336 LAGOON ROAD		STREET ADDRESS	8336 Lagoon Rd	
CITY-ST-ZIP	FT. MYERS BEACH, FL 33931		CITY-ST-ZIP	Ft. Myers Beach, FL 33931	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATEO, DIEGO		NAME		
STREET ADDRESS	16005 HARBORVILLE ST APT 431		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RESENDIZ, CARLOS G		NAME	Fabricio Cante	
STREET ADDRESS	4170 WASHINGTON ST. N		STREET ADDRESS	5543 Laurel Ridge Ln, Apt 104	
CITY-ST-ZIP	NAPLES, FL 34116		CITY-ST-ZIP	Naples, FL 34116	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Christopher W. Chase</u> CHRISTOPHER W. CHASE			Date: <u>4/2/07</u> 239 222-0291		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

400403



03302007 Chg-P CR2E034 (12/06)

4. FEI Number
20-2502019
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required