

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90245 038 \*\*\*150.00

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03062006 Chg-P CR2E034 (11/05)

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # P05000095652</b><br>1. Entity Name<br><b>MCLEAN BROTHERS INC.</b>  |  |  |  |   |  |
| Principal Place of Business<br><b>8336 LAGOON ROAD<br/>FORT MYERS BEACH, FL 33931</b>  |  |  | Mailing Address<br><b>8336 LAGOON ROAD<br/>FORT MYERS BEACH, FL 33931</b>                  |   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  |   |  |
| City & State   |  | City & State   |  |   |  |
| Zip  | Country                                  | Zip  | Country  |   |  |
| 4. FEI Number  |  |  | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  | <b>\$8.75 Additional Fee Required</b>  |   |  |
| 6. Name and Address of Current Registered Agent  |  |  | 7. Name and Address of New Registered Agent  |   |  |
| <b>MCLEAN, SARAH A<br/>8336 LAGOON ROAD<br/>FORT MYERS BEACH, FL 33931</b>   |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>                                |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                      |   |  |
| TITLE  | P <input type="checkbox"/> Delete        |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME   | <b>MCLEAN, SARAH A</b>                   |  | NAME   |   |  |
| STREET ADDRESS   | <b>8336 LAGOON ROAD</b>                  |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | <b>FORT MYERS BEACH, FL 33931</b>        |  | CITY-ST-ZIP  |   |  |
| TITLE  | V <input type="checkbox"/> Delete        |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME   | <b>MARTINEZ, ERICK</b>                   |  | NAME   |   |  |
| STREET ADDRESS   | <b>2205 GREEN BACK CIRCLE, APT. #207</b> |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | <b>NAPLES, FL 341123970</b>              |  | CITY-ST-ZIP  |   |  |
| TITLE  | S <input type="checkbox"/> Delete        |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME   | <b>CARPIO, JUAN</b>                      |  | NAME   |   |  |
| STREET ADDRESS   | <b>501 VAN BUREN ST.</b>                 |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | <b>FT. MYERS, FL 33916</b>               |  | 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  |   |  |
| 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. |  |  |  |   |  |
| <b>SIGNATURE: <u>SARAH MCLEAN</u></b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |  | <b>3-9-06 239-463-0297</b><br><small>Date Daytime Phone #</small>                          |   |  |