



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90064 035 ***150.00

DOCUMENT # P05000096766					
1. Entity Name MCLEAN MASTER PAINTERS INC.					
Principal Place of Business 2329 SW 27TH ST. CAPE CORAL, FL 33914			Mailing Address 2329 SW 27TH ST. CAPE CORAL, FL 33914		
2. Principal Place of Business - No P.O. Box # 8336 Lagoon Rd Suite, Apt. #, etc.		3. Mailing Address 8336 Lagoon Rd Suite, Apt. #, etc.			
City & State Ft. Myers Beach, FL Zip 33931 Country Lee		City & State Ft. Myers Beach, FL Zip 33931 Country Lee		03232007 Chg-P CR2E034 (12/06)	
4. FEI Number 20-3127668				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MCLEAN, DAVE 2329 SW 27TH ST. CAPE CORAL, FL 33914	
7. Name and Address of New Registered Agent Name: Chris Chase Street Address (P.O. Box Number is Not Acceptable): 8336 Lagoon Rd. City: Ft. Myers Beach FL Zip Code: 33931				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: CHRISTOPHER W. CHASE Christopher W. Chase 3/26/07 <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 <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 NAME MCLEAN, DAVE <input checked="" type="checkbox"/> Delete STREET ADDRESS 2329 SW 27TH ST. CITY-ST-ZIP CAPE CORAL, FL 33914	TITLE P NAME Chris Chase <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 8336 Lagoon Rd CITY-ST-ZIP Ft. Myers Beach, FL 33931		TITLE VP NAME MARTINEZ, GAUDENCIO <input type="checkbox"/> Delete STREET ADDRESS 1702 CYPRESS DR. CITY-ST-ZIP FORT MYERS, FL 33907		
TITLE S NAME ARREOLA, AMADO VALENCIA <input checked="" type="checkbox"/> Delete STREET ADDRESS THE HERITAGE, APT #208 CITY-ST-ZIP GOLDEN GATE, FL 34116	TITLE S NAME Rudi Lima <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 4245 Heritage Apt 203 CITY-ST-ZIP Naples, FL 34116		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: CHRISTOPHER W. CHASE Christopher W. Chase 3/26/07 239-222-0291 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					