

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000133162

1. Entity Name
JIM MCLEAN ARIZONA, INC.



Principal Place of Business
1300 NW 167TH ST, SUITE 3
MIAMI, FL 33169

Mailing Address
1300 NW 167TH ST, SUITE 3
MIAMI, FL 33169

2. Principal Place of Business
4400 NW 87TH AVE
MIAMI, FL 33178

3. Mailing Address
4400 NW 87TH AVE
MIAMI, FL 33178

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



02072006 Chg-P CR2E034 (11/05)

4. FEI Number

20-3568925

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORGAN, CHARLES O
1300 NW 167TH ST, SUITE 3
MIAMI, FL 33169

7. Name and Address of New Registered Agent

Name
JIM MCLEAN

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

JIM MCLEAN GOLF SCHOOL

4400 NW 87TH AVE

City
MIAMI, FL

FL

Zip Code
33178

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
D MCLEAN, JIM ☐ Delete
STREET ADDRESS
4400 NW 87TH AVE.
CITY-ST-ZIP
MIAMI, FL 331782192

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
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☐ Delete
STREET ADDRESS
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TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE
NAME
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
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 information.

Jim McLean

2/7/06 305-591-6409