


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90108 038 ***158.75

DOCUMENT # P05000139300	
1. Entity Name MCLAIN CONSULTING INCORPORATED	

Principal Place of Business 94 S LUCIELLE STREET BEVERLY HILLS, FL 34465	Mailing Address 94 S LUCIELLE STREET BEVERLY HILLS, FL 34465
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2. Principal Place of Business 94 S. Lucille Street	3. Mailing Address P.O. Box 640542
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Beverly Hills, FL	City & State Beverly Hills, FL
Zip 34465	Zip 34464-0542
Country	Country

40000



03162006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3384318	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCLAIN, GERALD G 94 S LUCIELLE STREET BEVERLY HILLS, FL 34465	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLAIN, GERALD G 94 S LUCIELLE STREET BEVERLY HILLS, FL 34465 <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	D MCLAIN, SANDRA K 94 S LUCIELLE STREET BEVERLY HILLS, FL 34465 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Sandra K McLain **PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/06 352-342-1576
Date Daytime Phone #

SANDRA K McLain Pres.