

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90040 009 \*\*\*158.75

**DOCUMENT # P94000009824**

1. Entity Name  
**MCLEAN AG CHEM, INC.**



Principal Place of Business      Mailing Address

904 JAN-MAR COURT      PO BOX 1044  
 STE A      MINNEOLA, FL 34755    US  
 CLERMONT, FL 34711    US

2. Principal Place of Business      3. Mailing Address

**1380 Grand Highway**      Suite, Apt. #, etc.

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**Suite 200**

City & State      City & State

**Clermont Florida**

Zip      Country      Zip      Country

**34711 Lake**



02122004    Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**59-3330052**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LANGLEY, RICHARD H**  
**700 ALMONT STREET**  
**CLERMONT, FL 34712**

**7. Name and Address of New Registered Agent**

Name

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                |                                   |  |
|----------------|-----------------------------------|--|
| TITLE          | PD                                | <input type="checkbox"/> Delete            |
| NAME           | MCLEAN, WILLIAM B III             |  |
| STREET ADDRESS | <del>17644 BOBBLESTONE LANE</del> |  |
| CITY-ST-ZIP    | CLERMONT, FL 34711                |  |
| TITLE          | D                                 | <input checked="" type="checkbox"/> Delete |
| NAME           | MCLEAN, WILLIAM B SR              |  |
| STREET ADDRESS | 17 REDWOOD TRAIL                  |  |
| CITY-ST-ZIP    | LAKE PLACID, FL 33852             |  |
| TITLE          | VP                                | <input type="checkbox"/> Delete            |
| NAME           | MCLEAN, WILLIAM B JR              |  |
| STREET ADDRESS | <del>1746 U.S. HWY 27 SOUTH</del> |  |
| CITY-ST-ZIP    | SEBRING, FL 33870                 |  |
| TITLE          | D                                 | <input type="checkbox"/> Delete            |
| NAME           | MCLEAN, JOHN S                    |  |
| STREET ADDRESS | 1745 U.S. HWY 27 SOUTH            |  |
| CITY-ST-ZIP    | SEBRING, FL 33870                 |  |
| TITLE          | D                                 | <input type="checkbox"/> Delete            |
| NAME           | MCLEAN, JOHN S                    |  |
| STREET ADDRESS | <del>5028 STRAFFORD OAKS DR</del> |  |
| CITY-ST-ZIP    | SEBRING, FL 33875                 |  |
| TITLE          | D                                 | <input type="checkbox"/> Delete            |
| NAME           | MCLEAN, MARK V                    |  |
| STREET ADDRESS | 3700 RODEO DRIVE SOUTH            |  |
| CITY-ST-ZIP    | SEBRING, FL 33875                 |  |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                                |  |
|----------------|--------------------------------|--|
| TITLE          |                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                |  |
| STREET ADDRESS | 17514 Cobblestone Lane         |  |
| CITY-ST-ZIP    | Clermont, FL 34711             |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |
| TITLE          |                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                |  |
| STREET ADDRESS | 20574 Sugar Leaf Mountain Road |  |
| CITY-ST-ZIP    | Clermont, Florida 34711        |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |
| TITLE          |                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                |  |
| STREET ADDRESS | 1745 U.S. Hwy 27 South         |  |
| CITY-ST-ZIP    | Sebring, FL 33870              |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *William B. McLean III*      **PRESIDENT**      2/17/04 (352)242-9989  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #