


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90054 032 \*\*\*158.75

<b>DOCUMENT # P94000009824</b> 1. Entity Name <b>MCLEAN AG CHEM, INC.</b>					
Principal Place of Business <b>1380 GRAND HIGHWAY SUITE 200 CLERMONT, FL 34711 US</b>			Mailing Address <b>PO BOX 1044 MINNEOLA, FL 34755 US</b>		
2. Principal Place of Business <b>1000 E. Highway 50</b> Suite, Apt. #, etc. <b>Suite B</b>		3. Mailing Address Suite, Apt. #, etc.  City & State <b>Clermont, FLA</b>			
City & State <b>Clermont, FLA</b>		City & State  		4. FEI Number <b>59-3330052</b>	
Zip <b>34711</b>		Country <b>Lake</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LANGLEY, RICHARD H 700 ALMONT STREET CLERMONT, FL 34712</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 After May 1, 2005 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>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCLEAN, WILLIAM B III 17514 COBBLESTONE LANE CLERMONT, FL 34711		<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	VP MCLEAN, WILLIAM B JR 20574 SUGAR LEAF MOUNTAIN ROAD CLERMONT, FL 34711		<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 MCLEAN, JOHN S 1745 U.S. HWY 27 SOUTH SEBRING, FL 33870		<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 MCLEAN, JOHN S 1745 US HWY 27 SOUTH SEBRING, FL 33870		<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 MCLEAN, MARK V 3700 RODEO DRIVE SOUTH SEBRING, FL 33875		<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"/> Change <input type="checkbox"/> Addition
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: <u>William B. McLean III</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>03/08/05</u> Daytime Phone # <u>(352) 242-9989</u>	