

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90048 031 \*\*\*158.75

**DOCUMENT # P96000026299**

1. Entity Name

MCLEAN ENTERPRISES INCORPORATED



Principal Place of Business

1075 RIVERSIDE DR  
# 301  
CORAL SPRINGS FL 33071

Mailing Address

PO BOX 772377  
CORAL SPRINGS FL 33077

2. Principal Place of Business - No P.O. Box #

247 SAYBROOK RD. SW

Suite, Apt. #, etc.

3. Mailing Address

PO. Box 111314

Suite, Apt. #, etc.

City & State

PALM BAY, FLORIDA

City & State

PALM BAY, FLORIDA

Zip

32908

Country

BREVARD

Zip

32911

Country

BREVARD

6. Name and Address of Current Registered Agent

MCLEAN, OMEL  
8624 NW 24TH COURT  
CORAL SPRINGS FL

4. FEI Number

65-0658770

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

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

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, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME MCLEAN, OMEL  
STREET ADDRESS 8624 NW 24TH COURT  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE VD ☐ Delete  
NAME MCLEAN, CAROL A  
STREET ADDRESS 8624 NW 24TH COURT  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 247 SAYBROOK ROAD SW  
CITY-ST-ZIP PALM BAY, FLORIDA 32908

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 247 SAYBROOK ROAD SW  
CITY-ST-ZIP PALM BAY, FLORIDA 32908

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

OMEL MCLEAN OMEL MCLEAN

4/23/07

954-242-1377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #