2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## DOCUMENT # P96000026299

1. Entity Name

## MCLEAN ENTERPRISES INCORPORATED



**FILED** Apr 30, 2008 08:00 AM Secretary of State

			V Same		
Principal Place	of Business	Mailing Address	<u>.</u>		
247 SAYBROOK RD. SW PALM BAY FL 32908		PO BOX 111314			
FALM BAT FL	_ 32900	PALM BAY FL 32911			
2. Principal Pla	ice of Business - No P.C., Box #	3. Mailing Address	-M-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		IIIIN IINJU IDIIR INKUNI II (NAI
Suite, Apt. #, etc.		Sule, Apt. #, etc.		1st MOORE CR2E034	(10/07)
City & State		City & State		4. FEI Number 65-0658770	Applied For Not Applicable
Zıp	Country	Zip	Country		\$8.75 Additional
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered A	gent
		·	Name		
MCLEAN, OMEL 8624 NW 24TH COURT			Street Addres	ss (P.O. Box Number is Not Acceptable)	
CORA	AL SPRINGS FL				
			City	FL	Zip Code
	amed entity submits this statement fins of registered agent.	or the purpose of changing its	registered office or regis	stered agent, or coth, in the State of Florida. I am to	I amiliar with, and accept
SIGNATURE					
	gnature. Typed or crinted hama of registored age-		El Registered Agort eligibilium requ	uren veton rometating) DATE	
After M	E-NOW!!! FEE IS \$150.00- lay 1, 2008 Fee Will Be \$550.0 Payable to Florida Department of	0:525		Election Campaign Financin     Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND		11,	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11
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	CLEAN, OMEL	<b>C</b> 5000	NAME		
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12. Thereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP