

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S40528

FILED
Apr 27, 2009
Secretary of State

Entity Name: MCCLELLAN AND EWING INCORPORATED

Current Principal Place of Business:

1401 WEST BLISS STREET
AVON PARK, FL 33825

New Principal Place of Business:

Current Mailing Address:

1401 WEST BLISS STREET
AVON PARK, FL 33825

New Mailing Address:

FEI Number: 62-1459674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLELLAN, JOHN F.
1401 WEST BLISS STREET
AVON PARK, FL 33825 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MCCLELLAN, JOHN F.
Address: 1401 WEST BLISS STREET
City-St-Zip: AVON PARK, FL 33825 US

Title: DT () Delete
Name: MCCLELLAN, SHERYL
Address: 1401 WEST BLISS STREET
City-St-Zip: AVON PARK, FL 33825 US

Title: DVP () Delete
Name: EWING, LOREN
Address: 1401 W. BLISS ST.
City-St-Zip: AVON PARK, FL 33825 US

Title: DS () Delete
Name: EWING, JUDY
Address: 1401 W. BLISS ST.
City-St-Zip: AVON PARK, FL 33825 US

Title: D () Delete
Name: MCCLELLAN, BRASS C
Address: 1401 W BLISS ST
City-St-Zip: AVON PARK, FL 33825

Title: D () Delete
Name: SCHLISNER, ZEAH
Address: 1401 WEST BLISS STREET
City-St-Zip: AVON PARK, FL 33825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN F. MCCLELLAN

DP

04/27/2009

Electronic Signature of Signing Officer or Director

Date