

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740788

Entity Name: MCCLAIN, INC.

Current Principal Place of Business:

7211 N. DALE MABRY HWY
SUITE 210
TAMPA, FL 33614

Current Mailing Address:

7211 N. DALE MABRY HWY
SUITE 210
TAMPA, FL 33614 US

FEI Number: 59-1846986

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NELSON, MARY E
3404 LACEWOOD ROAD
TAMPA FL 33618 US

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

Officer/Director Detail :

Title	PD
Name	NELSON, MARY E
Address	3404 LACEWOOD ROAD
City-State-Zip:	TAMPA FL 33618
Title	VP
Name	O'NEILL, KATHLEEN M
Address	4617 WESTFORD CIRCLE
City-State-Zip:	TAMPA FL 33618
Title	SD
Name	KRAMER, BARBARA
Address	625 BELMONT AVENUE
City-State-Zip:	TEMPLE TERRACE FL 33617

Title	TD
Name	CROWDER, MARK
Address	4014 S. CHURCH AVENUE
City-State-Zip:	TAMPA FL 33611
Title	ECD
Name	DUBOIS, JOEL
Address	13604 COZY PLACE
City-State-Zip:	TAMPA FL 33625
Title	PPD
Name	ELOIAN, TINA M
Address	2229 CAMP INDIANHEAD ROAD
City-State-Zip:	LAND O'LAKES FL 34639

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARY E. NELSON

PRESIDENT

02/28/2013

Electronic Signature of Signing Officer/Director Detail

_____ Date