

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000004955

**Entity Name:** MCLAX, INC.

**Current Principal Place of Business:**

14619 SUNDIAL PL  
LAKEWOOD RANCH, FL 34202

**Current Mailing Address:**

PO BOX 110256  
LAKEWOOD RANCH, FL 34211 US

**FEI Number:** 82-1494900

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ANTRITT, SCOTT  
14619 SUNDIAL PL  
LAKEWOOD RANCH, FL 34202 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:** SCOTT ANTRITT

04/01/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name ANTRITT, SCOTT  
Address 8214 MIRAMAR WAY  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title T  
Name ANTHONY, SHEILA  
Address 8214 MIRAMAR WAY  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title D  
Name MULLIN, STACEY  
Address 4619 SUNDIAL PL  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title P  
Name THOMPSEN, MELANIE  
Address 4619 SUNDIAL PL  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title S  
Name WOODIN, TRACY  
Address 4619 SUNDIAL PL  
City-State-Zip: LAKEWOOD RANCH FL 34202

*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:** ANTHONY, SHEILA

**TREASURER**

04/01/2024

Electronic Signature of Signing Officer/Director Detail

Date