


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2008 8:00 am
Secretary of State

07-18-2008 90013 011 ***158.75

DOCUMENT # P03000083357			
1. Entity Name M.A.C.C. MARKETING CO., INC.			
Principal Place of Business 1515 N. UNIVERSITY DRIVE STE. 224 CORAL SPRINGS, FL 33071		Mailing Address 1515 N. UNIVERSITY DRIVE, STE. 224 CORAL SPRINGS, FL 33071	
2. Principal Place of Business - No P.O. Box # 2421 N University Dr Suite, Apt. #, etc. Suite #1		3. Mailing Address 2421 N University Dr Suite, Apt. #, etc. Suite #1	
City & State Coral Springs, FL		City & State Coral Springs, FL	
Zip 33065	Country Broward	Zip 33065	Country Broward
6. Name and Address of Current Registered Agent DELLAPINA, PETER W 633 SE 3RD AVE STE 4F FORT LAUDERDALE, FL 33301		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMSON, MARK 1801 EAGLE TRACE BLVD. WEST CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMSON, AMBER 1801 EAGLE TRACE BLVD. WEST CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Mark Williamson</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>7-15-08</u> Daytime Phone #: <u>954-340-8817</u>	

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07142008 Chg-P CR2E034 (12/06)

4. FEI Number
83-0368067

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required