

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000028117

FILED
Feb 25, 2004
Secretary of State

Entity Name: MACO ENTERPRISES, INC.

Current Principal Place of Business:

5777 BENEVA ROAD SOUTH
SARASOTA, FL 34233

New Principal Place of Business:

2123 PORTER LAKE DRIVE
UNIT J
SARASOTA, FL 34240

Current Mailing Address:

5248 CEDAR HAMMOCK COURT
SARASOTA, FL 34232

New Mailing Address:

2123 PORTER LAKE DRIVE
UNIT J
SARASOTA, FL 34240

FEI Number: 65-0906343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PREWETT, DANIEL
5777 BENEVA ROAD SOUTH
SARASOTA, FL 34233

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: D () Delete
Name: SWANEY, NATALIE
Address: 2129 PHILLIPPI STREET
City-St-Zip: SARASOTA, FL 34231

Title: M () Delete
Name: MATHEW, COMBS
Address: 5248 CEDER HEMMOCK CT
City-St-Zip: SARASOTA, FL 34232

Title: P () Delete
Name: COMBS, ANITA
Address: 2201 PHILLIPPI STREET
City-St-Zip: SARASOTA, FL 34231

Title: T () Delete
Name: KENNEDY, JAMES
Address: 4138 CENTRAL SARASOTA PARKWAY
City-St-Zip: SARASOTA, FL 34238

Title: S () Delete
Name: BRANTLEY, WAYNE
Address: 2114 PELICAN DRIVE
City-St-Zip: SARASOTA, FL 34237

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NATALIE SWANEY

M

02/25/2004

Electronic Signature of Signing Officer or Director

_____ Date