

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000028117

Entity Name: MACO ENTERPRISES, INC.

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

2123 PORTER LAKE DRIVE
UNIT J
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

2123 PORTER LAKE DRIVE
UNIT J
SARASOTA, FL 34240

New Mailing Address:

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 US

Name and Address of New Registered Agent:

SWANEY, NATALIE
2129 PHILLIPPI STREET
SARASOTA, FL 34231 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: NATALIE SWANEY

04/27/2006

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: M (X) Change () Addition
Name: MATTHEW, COMBS
Address: 5248 CEDER HEMMOCK CT
City-St-Zip: SARASOTA, FL 34232

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 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: MATTHEW COMBS

M

04/27/2006

Electronic Signature of Signing Officer or Director

Date