2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P99000028117

Entity Name: MACO ENTERPRISES, INC.

Current Principal Place of Business:

2123 PORTER LAKE DRIVE
UNIT J
SARASOTA, FL 34240

New Principal Place of Business:

5248 CEDAR HAMMOCK COURT
SARASOTA, FL 34232

Current Mailing Address:

2123 PORTER LAKE DRIVE
UNIT J
SARASOTA, FL 34240

New Mailing Address:

5248 CEDAR HAMMOCK COURT
SARASOTA, FL 34232

FEI Number: 65-0906343 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWANEY, NATALIE
2129 PHILLIPPI STREET
SARASOTA, FL 34231 US

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

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

Title: P (X) 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: D (X) Change ( ) Addition
Name: MATTHEW, COMBS
Address: 5248 CEDER HAMMOCK 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 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 D 04/30/2007
Electronic Signature of Signing Officer or Director Date