2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 440818

1. Entity Name
MACO OF FLORIDA, INC.

Principal Place of Business	Mailing Address
3502 RIGA BLVD. TAMPA, FL 33619	3502 RIGA BLVD. TAMPA, FL 33619

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04162004 Chg-P CR2E034 (10/03)

4. FEI Number 59-1508427 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REXFORD (F. WILLIAM) 17812 GREY BROOKE TAMPA, FL 33647	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 Bill Rexford BILL REXFORD 4/21/04
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ST ☐ Delete NAME REXFORD, J.S. STREET ADDRESS 17812 GREY BROOKE CITY-ST-ZIP TAMPA, FL 33647		TITLE ☐ Change ☐ Addition NAME U00000128885 STREET ADDRESS 04/26/04-80055-018 150.00 CITY-ST-ZIP
TITLE P ☐ Delete NAME REXFORD, (F. WILLIAM) STREET ADDRESS 17812 GREY BROOKE CITY-ST-ZIP TAMPA, FL 33647		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE VP ☐ Delete NAME REXFORD, PAUL F. STREET ADDRESS 1008 AMELIA E CITY-ST-ZIP ORLANDO, FL		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Bill Rexford Bill Rexford 4/21/04 813 623-5477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #