

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 556850
 1. Entry Name
MACC, INCORPORATED



Principal Place of Business: **1013 SEASIDE DR SARASOTA FL 34242**
 Mailing Address: **1013 SEASIDE DR SARASOTA FL 34242**

2. Principal Place of Business: Suite, Apt #, etc.
 3. Mailing Address: Suite, Apt #, etc.

City & State

Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number **59-1802454** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
BLUE, GENDA
1013 SEASIDE DR
SARASOTA FL 34242

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
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CLARK, O.M. JR	
STREET ADDRESS	501 THIRD ST	
CITY- ST- ZIP	PIKEVILLE KE	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAMILTON, A.A.	
STREET ADDRESS	708 SCOTT AVE	
CITY- ST- ZIP	PIKEVILLE KY	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RATLIFF, JEFF	
STREET ADDRESS	702 SCOTT AVE	
CITY- ST- ZIP	PIKEVILLE KY	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CLARK, O. MAYO III	
STREET ADDRESS	SECOND & CAROLINE	
CITY- ST- ZIP	PIKEVILLE KY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

U00000330500
 04/25/05-80160-022 150.00

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: *Dr. O. M. Clark, Jr.* **DR. O. M. CLARK, JR.**
165 THIRD STREET
PIKEVILLE, KY
 02/26/05 606437740