

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 618970**

1. Entity Name  
MA-EL, CO.



Principal Place of Business  
716 LAKE CHARLES CIRCLE  
PORT SAINT LUCIE, FL 34986 US

Mailing Address  
1714 TORRINGTON CIRCLE  
LONGWOOD, FL 32750 US



04192005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2739004

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

COOPER, G D PRES  
716 LAKE CHARLES CIRCLE  
PORT SAINT LUCIE, FL 34986

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE P,D  
NAME COOPER, G D PRES  
STREET ADDRESS 716 LAKE CHARLES CIRCLE  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34986

TITLE STD  
NAME HODGES, DEBORAH C SEC  
STREET ADDRESS 1714 TORRINGTON CIRCLE  
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE VP,D  
NAME DEVRIES-KOESTER, DONNETTE M VP  
STREET ADDRESS 11157 STANTON STREET  
CITY-ST-ZIP WEST OLIVE, MI 49460

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000319719

04/21/05-80006-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Deborah C. Hodges* Deborah C. Hodges

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05

Date

407-830-6773

Daytime Phone #