


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # F01000002251


1. Entity Name
M.A.C. BUILDING, INC.



Principal Place of Business
P.O. BOX 1461
MONTGOMERY, AL 36102

Mailing Address
P.O. BOX 1461
MONTGOMERY, AL 36102

DO NOT WRITE IN THIS SPACE



04112008 No Chg-P CR2E034 (11/05)

4. FEI Number 63-0633540	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEMS
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000894659
 04/24/08-80037-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MILLER, CHARLES P
STREET ADDRESS	138 ADAMS AVENUE
CITY-ST-ZIP	MONTGOMERY, AL 36104
TITLE	VP
NAME	MILLER, MARK S
STREET ADDRESS	138 ADAMS AVENUE
CITY-ST-ZIP	MONTGOMERY, AL 36104
TITLE	ST
NAME	MILLER, MINDY A
STREET ADDRESS	138 ADAMS AVENUE
CITY-ST-ZIP	MONTGOMERY, AL 36104
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Charles P. Miller 4/11/08 (334) 262-0306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #