2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F84787

1. Entity Name MACWILLIAM BUILDING, INC.



Apr 04, 2007 08:00 Al Secretary of State

Principal Place of Business

2901 OCEAN DRIVE VERO BCH., FL 32963 Mailing Address

2901 OCEAN DRIVE

VERO BCH., FL 32963 US



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

FILED

6. Name and Address of Current Registered Agent

MACWILLIAM, ALEX III 2901 OCEAN DRIVE VERO BEACH, FL 32963

DO NOT WRITE IN THIS SPACE

	cove named entity submits this statement for the purpose of c digations of registered agent.	changing its registered office or registered agent, or be	oth, in the State of Florida. I am familiar with, and accept
SIGNAT	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agent signature required when reinstating)	DATE
	зунация, ууров от ричной наша от горишнай адент в не што нарушкарие.	(HOTE registered Agent signature required when registating)	DAIG

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees U00000690220 04/11/07-80067-018 150.00

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MACWILLIAM, ALEX III 2901 OCEAN DR VERO BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEASOCK, JOSEPH 2901 OCEAN DRIVE VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 production 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

(i<u>f</u>

772-231-6509

Daytime Phone #