2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# F98000003435

Entity Name: MARCRAFT, INC.

Current Principal Place of Business:

1311 POPE DR
DOUGLAS, GA 31533 US

New Principal Place of Business:

Current Mailing Address:

PO DRAWER 1739
DOUGLAS, GA 31534 US

New Mailing Address:

FEI Number: 58-1291525 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONAHAN, STEVE
214 ARROWHEAD RD.
SAINT AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: CHAMBERS, H. E
Address: 2350 CHATTERTON CHURCH ROAD
City-St-Zip: NICHOLLS, GA 31554 US

Title: D ( ) Delete
Name: CHAMBERS, SYLVIA
Address: 2350 CHATTERTON CHURCH ROAD
City-St-Zip: NICHOLLS, GA 31554

Title: VD ( ) Delete
Name: CHAMBERS, DARREN
Address: 1517 GOLF CLUB EXT
City-St-Zip: DOUGLAS, GA 31533 US

Title: VSTD ( ) Delete
Name: CHAMBERS, LATHY J
Address: 396 BO JO ELLA DRIVE
City-St-Zip: DOUGLAS, GA 31533 US

Title: D ( ) Delete
Name: VOYLES, KIM
Address: 1013 GREENSWAY DRIVE
City-St-Zip: DOUGLAS, GA 31533

Title: D ( ) Delete
Name: CHAMBERS, STEPHANIE
Address: P O BOX 1166
City-St-Zip: DOUGLAS, GA 31534

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHAMBERS, H.E. PC 04/03/2009

Electronic Signature of Signing Officer or Director Date