2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # G51977

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

Principal Place of Business	Mailing Address
740 AIRPORT RD ORMOND BEACH, FL 32175-1148	740 AIRPORT RD ORMOND BEACH, FL 32174 US

04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2311102
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOMBARDO, ANTHONY S
111-A EXECUTIVE CIRCLE
DAYTONA BEACH, FL 32114

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	ARRANTS, JACK E.
STREET ADDRESS	311 JOHN ANDERSON DR.
CITY-ST-ZIP	ORMOND BEACH, FL
TITLE	P
NAME	LOMBARDO, ANTHONY S
STREET ADDRESS	111-A EXECUTIVE CIRCLE
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	S
NAME	SHAMAUN, GEORGE G
STREET ADDRESS	1906 DEMATIS WAY
CITY-ST-ZIP	DAYTONA BEACH, FL 32124
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

[illegible] 150.00

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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: _____ 4.27.04 386 677 5724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #