

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H69174

FILED
Apr 27, 2009
Secretary of State

Entity Name: MACAW PROPERTIES, INC.

Current Principal Place of Business:

498 ESTHER LANE
P O BOX 160115
ALTAMONTE SPRINGS, FL 327167115

New Principal Place of Business:

498 ESTHER LANE
ALTAMONTE SPRINGS, FL 327167115

Current Mailing Address:

498 ESTHER LANE
P O BOX 160115
ALTAMONTE SPRINGS, FL 327167115

New Mailing Address:

FEI Number: 59-2565580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRIGGLE, WILLIAM B.
498 ESTHER LANE
ALTAMONTE SPRINGS, FL 32714 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: PTD () Delete
Name: BRIGGLE, WILLIAM B.
Address: 498 ESTHER LANE
City-St-Zip: ALTAMONTE SPRINGS FL,

Title: VS () Delete
Name: BRIGGLE, CLAUDETTE
Address: 498 ESTHER LANE
City-St-Zip: ALTAMONTE SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: WILLIAM B. BRIGGLE

PTD

04/27/2009

Electronic Signature of Signing Officer or Director

Date