

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90036 026 ***150.00

DOCUMENT # J24296 1. Entity Name MACS INVESTORS, INC.			
Principal Place of Business 12525 ST BEACH RD PANAMA CITY BEACH FL 32407 US		Mailing Address 12525 ST BEACH RD PANAMA CITY BEACH FL 32407 US	
2. Principal Place of Business - No P.O. Box # 12525 FT BEACH RD Suite, Apt. #, etc.		3. Mailing Address 12525 FT BEACH RD. Suite, Apt. #, etc.	
City & State PANAMA CITY BEACH, FL Zip 32407		City & State PANAMA CITY BEACH, FL Zip 32407	
Country USA		Country USA	
4. FEI Number 59-2701650		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARMSTRONG, LARRY 518 BUNKERS COVE ROAD PANAMA CITY FL 32401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME ARMSTRONG, LARRY STREET ADDRESS 518 BUNKERS COTE RD CITY-ST-ZIP PANAMA CITY FL 32401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME ARMSTRONG, LARRY STREET ADDRESS 578 BUNKERS COVE RD CITY-ST-ZIP PANAMA CITY FL 32401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: LARRY ARMSTRONG, SEC. 4/25/08 850 234 2174 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			