

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90022 018 \*\*\*158.75

**DOCUMENT # K37985**

1. Entity Name

MAC COM, INCORPORATED



Principal Place of Business

1892 NE 33RD STREET  
FORT LAUDERDALE FL 33306  
US

Mailing Address

1892 NE 33RD STREET  
FORT LAUDERDALE FL 33306  
US

2. Principal Place of Business

453 Spoonbill Court

Suite, Apt. #, etc.

P.O. Box 248

City & State

Kenansville, FL

Zip

34739

Country

Osceola

3. Mailing Address

453 Spoonbill Court

Suite, Apt. #, etc.

P.O. Box 248

City & State

Kenansville, FL

Zip

34739

Country

Osceola



MOORE

CR2E034 (11/03)

4. FEI Number

65-0082383

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ISABELLA M. MCNEELY  
1892 NE 33RD STREET  
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

Isabella M. McNEELY

Street Address (P.O. Box Number is Not Acceptable)

453 Spoonbill Court, PO Box 248

City

Kenansville

FL

Zip Code

34739

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: Isabella M. McNeely, President Isabella M. McNeely, President 2/5/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DM	<input type="checkbox"/> Delete
NAME	MCNEELY, LARRY L.	
STREET ADDRESS	1892 N.E. 33RD STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	MCNEELY, ISABELLA M.	
STREET ADDRESS	1892 N.E. 33RD STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEELY, LARRY L.	
STREET ADDRESS	453 Spoonbill Ct. - PO Box 248	
CITY-ST-ZIP	Kenansville, FL 34739	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McNeely, Isabella M.	
STREET ADDRESS	453 Spoonbill Ct. - PO Box 248	
CITY-ST-ZIP	Kenansville, FL 34739	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Isabella M. McNeely, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ISABELLA M. MCNEELY, President

2/5/04 407-436-1075

Date

Daytime Phone #