

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # K37985	
1. Entity Name MAC COM, INCORPORATED	
	
Principal Place of Business 453 SPOONBILL COURT P.O. BOX 248 KENANSVILLE, FL 34739 US	Mailing Address 453 SPOONBILL COURT P.O. BOX 248 KENANSVILLE, FL 34739 US



02012005 No Chg-P CR2E034 (10/03)

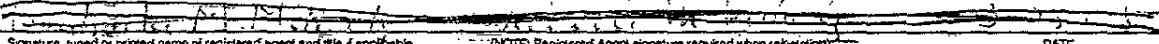
DO NOT WRITE IN THIS SPACE

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 453 SPOONBILL COURT PO BOX 248 KENANSVILLE, FL 34739
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**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

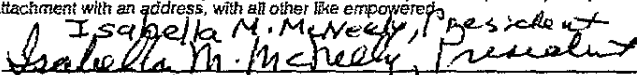
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM MCNEELY, LARRY L. 453 SPOONBILL CT. P.O. BOX 248 KENANSVILLE, FL 34739
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCNEELY, ISABELLA M. 453 SPOONBILL CT. - P.O. BOX 248 KENANSVILLE, FL 34739
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03/28/05-80050-011 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-05 407-436-1075
Date Daytime Phone #