2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # K37985

1. Entity Name
MAC COM, INCORPORATED

Principal Place of Business	Mailing Address
453 SPOONBILL COURT P.O. BOX 248 KENANSVILLE, FL 34739 US	453 SPOONBILL COURT P.O. BOX 248 KENANSVILLE, FL 34739 US

DO NOT WRITE IN THIS SPACE

04022008 No Chg-P CR2E034 (11/05)

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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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, 2006 Fee will be $550.00

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

000049U36
04/19/06 80088-016 158.75

10. OFFICERS AND DIRECTORS

TITLE	DM
NAME	MCNEELY, LARRY L.
STREET ADDRESS	453 SPOONBILL CT. P.O. BOX 248
CITY-ST-ZIP	KENANSVILLE, FL 34739
TITLE	P
NAME	MCNEELY, ISABELLA M.
STREET ADDRESS	453 SPOONBILL CT. - P.O. BOX 248
CITY-ST-ZIP	KENANSVILLE, FL 34739
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 4-2-06 407-436-1075
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
ISABELLA M. MCNEELY