2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # M92342

1. Entity Name
MACSAY GROUP, INC.

Principal Place of Business	Mailing Address
105 CONCORD DR STE 105 CASSELBERRY, FL 32707 US	105 CONCORD DR STE 105 CASSELBERRY, FL 32707 US

04032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2910208
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MACSAY, DAVID
105 CONCORD DR. STE 105
CASSELBERRY, FL 32707

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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: David M Macsay DAVID M. MACSAY 4/4/07
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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MACSAY, DAVID
STREET ADDRESS	105 CONCORD DR STE 105
CITY-ST-ZIP	CASSELBERRY, FL
TITLE	TS
NAME	MACSAY, BEVERLY R.
STREET ADDRESS	105 CONCORD DR STE 105
CITY-ST-ZIP	CASSELBERRY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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04/17/07-80072-001 150.00

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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: David M Macsay DAVID M. MACSAY 4/4/07 407-260 0411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #