
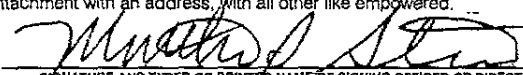


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2004 08:00 AM
Secretary of State**

DOCUMENT # P00000050389		
1. Entity Name MACKY BLUFFS REAL ESTATE COMPANY		
Principal Place of Business 4878 NORTH MAGNOLIA AVENUE CHICAGO, IL 60640	Mailing Address 4878 NORTH MAGNOLIA AVENUE CHICAGO, IL 60640	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PALMER, RAYMOND B ESQ RAYMOND B. PALMER, PA 913 GULF BREEZE PARKWAY SUITE 41 GULF BREEZE, FL 32561		
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 _____ <small>Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STEVENS, MATTHEW S 4878 NORTH MAGNOLIA AVENUE CHICAGO, IL 60640	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STEVENS, THOMAS J 4878 N. MAGNOLIA CHICAGO, IL 60640	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HOWARD, EDNA M 4878 N. MAGNOLIA CHICAGO, IL 60640	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/26/04 773-728-4777 <small>Daytime Phone #</small>



01102004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3646064

Applied For
Not Applicable

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

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IN THIS SPACE**

1100000137223
04/28/04-80031-008 150.00

**DO NOT WRITE
IN THIS SPACE**

Matthew S. Stevens