

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 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



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3646064

Applied For
Not Applicable

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

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**

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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

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, 2006 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
**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

000000552415
05/15/06-80010-013 150.00

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IN THIS SPACE**

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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President, Matthew Stevens 4/27/06

Date

Daytime Phone #

773-728-4777