

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90012 046 ***150.00

| | | | | | |
|---|---|---|---|--|---|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 59-3646064 Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 02202007 Chg-P CR2E034 (12/06) | |
| 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 | | | 7. Name and Address of New Registered Agent Name NEIL JERNIGAN Street Address (P.O. Box Number is Not Acceptable) 2891 E. JOHNSON AVENUE City PENSACOLA FL Zip Code 32514-7455 | | |
| 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 3-15-2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP STEVENS, MATTHEW S 4878 NORTH MAGNOLIA AVENUE CHICAGO, IL 60640 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV STEVENS, THOMAS J 4878 N. MAGNOLIA CHICAGO, IL 60640 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST HOWARD, EDNA M 4878 N. MAGNOLIA CHICAGO, IL 60640 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 or without other like empowered. | | | | | |
| SIGNATURE: | | Matthew S. Stevens 3/12/07 773-728-4777 | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | | | |