2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000050441

4431 THICKET RIDGE LANE

JACKSONVILLE, FL 32258

Address:

City-St-Zip:

Entity Name: MACMICHAEL, INC.

FILED Jan 14, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal Plac	New Principal Place of Business:	
5700 ST. AUGUSTINE RD. 100A JACKSONVILLE, FL 32207				6963-1 BUSINESS PARK BLVD. N. JACKSONVILLE, FL 32256	
Current M	lailing Addres	s:	New Mailing Addre	New Mailing Address:	
6963 -1 BUSINESS PARK BLVD N JACKSONVILLE, FL 32256			6963-1 BUSINESS PARK BLVD. N. JACKSONVILLE, FL 32256		
FEI Number	: 59-3670672	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
KELLY, MICHAEL F 6963-1 BUSINESS PARK BLVD N JACKSONVILLE, FL 32256 US					
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
SIGNATU	RE:				
	Electror	ic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DV () KELLY, MICHA 3601 MARBON JACKSONVILLI	ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DP () REIFERS, MAC 940 RAVINE RO JACKSONVILLI	DAD SOUTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	ST () KENNEDY, KEI	Delete LLY T	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: KELLY T. KENNEDY ST 01/14/2009