2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000052189

Name:

Address:

City-St-Zip:

Entity Name: M.A.C. CONTRACTORS OF FLORIDA INC.

FILED Jun 02, 2008 Secretary of State

	101.74.0.	JOINTO CONTROL TECHNE	, ii (C.						
Current Principal Place of Business:				New Principal Place of Business:					
1455 RAIL	HEAD BLVD			28711 S. D	IESEL DR				
#8 NAPLES,	FL 34110			#10 BONITA SI	PRINGS, FL	34135			
Current Mailing Address:				New Mailing Address:					
	_	331			_				
1455 RAIL #8	HEAD BLVD			28711 S. D #10	DIESEL DR				
NAPLES,	FL 34110				PRINGS, FL	. 34135			
FEI Number	: 59-3646080	FEI Number Applied For ()	FEI Nui	nber Not Appl	icable ()	Certific	ate of Status Des	ired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:					
7496 TRE NAPLES, The above		US submits this statement for th	e purpose c	of changing i	ts registered	d office or	registered ager	nt, or both,	
SIGNATU									
	Electro	nic Signature of Registered A	Agent				Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS					
Title: Name: Address: City-St-Zip:	P (MACDONOUG 7496 TREELIN NAPLES, FL	NE DR		Title: Name: Address: City-St-Zip:		()Change	() Addition		
Title: Name: Address: City-St-Zip:	VP (MACDONOUG 7496 TREELIN NAPLES, FL :	NÉ DRIVE		Title: Name: Address: City-St-Zip:		() Change	() Addition		
Title: Name: Address: City-St-Zip:	MACDONOUG) Delete H, DOROTHY S SPRING DRIVE 34110		Title: Name: Address: City-St-Zip:		() Change	() Addition		
Title:	() Delete		Title:	SEC	() Change	(X) 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.

Name:

Address:

City-St-Zip:

FABRIZI, ENZIÓ

18130 PARKRIDGE CT

FT. MYERS, FL 33908

SIGNATURE: JON A MACDONOUGH PRES 06/02/2008