

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 30, 2004 8:00 am**  
**Secretary of State**

07-30-2004 90004 037 \*\*\*158.75

<b>DOCUMENT # P01000004856</b>
1. Entity Name <b>MAC'S COMPUTERS AND SALES, INC.</b>

Principal Place of Business <b>541648 W 1ST ST STE B HILLIARD, FL 32046 37514 W 1ST ST STE 102</b>	Mailing Address <b>541648 W 1ST ST STE B HILLIARD, FL 32046 37514 W 1ST ST STE 102</b>
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2. Principal Place of Business <b>37514 W 1st Street</b>	3. Mailing Address <b>37514 W 1st Street</b>
Suite, Apt. #, etc. <b>Ste 102</b>	Suite, Apt. #, etc. <b>Ste 102</b>

City & State <b>Hilliard, Florida</b>	City & State <b>Hilliard, Florida</b>
Zip <b>32046-7796</b>	Zip <b>32046-7796</b>
Country <b>Nassau</b>	Country <b>Nassau</b>



07022004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3694326</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>MACARAGES, GEORGE A 241732 CR 121 HILLIARD, FL 32046 37514 W 1ST ST, STE 102</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 **George A. Macarages** *George A. Macarages* **2 July 2004**  
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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACARAGES, GEORGE A <del>241732 CR 121</del> <b>37514 W 1ST ST STE 102</b> HILLIARD, FL 32046 <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	T MACARAGES, JERALDINE S 241732 CR-121 HILLIARD, FL 32046 <input checked="" 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: George A. Macarages** *George A. Macarages* **2 July 2004** **904-845-3218**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone