


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90278 042 ***150.00

DOCUMENT # P01000054701

1. Entity Name
 MACSUB V, INC.



14001809



Principal Place of Business: 420 PARK PL., STE. 100 CLEARWATER, FL 33759
 Mailing Address: 420 PARK PL., STE. 100 CLEARWATER, FL 33759

2. Principal Place of Business: 630 Chestnut St
 Suite, Apt. #, etc.

3. Mailing Address: 630 Chestnut St
 Suite, Apt. #, etc.

04232005 Chg-P CR2E034 (10/03)

City & State: Clearwater, FL
 Zip: 33756 Country: USA

4. FEI Number: 01-0581750 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 HUBBART, KEVIN J ESQ
 420 PARK PL., STE. 100
 CLEARWATER, FL 33759

7. Name and Address of New Registered Agent
 Name: Sean Moyles
 Street Address (P.O. Box Number is Not Acceptable): 630 Chestnut St.
 City: Clearwater FL Zip Code: 33756

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: SEAN MOYLES DATE: 4-23-05

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MCCOMAS, DAVID	
STREET ADDRESS	3797 PRESIDENTIAL CT	
CITY-ST-ZIP	PALM HARBOUR, FL 34685	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  DATE: 4-25-05 DAYTIME PHONE #: 727-723-3771

David McComas