

2006 FOR PROFIT CORPORATION ANNUAL REPORT


5/17/06

FILED
Jun 08, 2006 8:00 am
Secretary of State

05-01-2006 90296 039 ***150.00

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1. Entity Name
MACASSON, INC.



Principal Place of Business 1798 NORTH HERCULES AVE. CLEARWATER, FL 33765	Mailing Address 1798 NORTH HERCULES AVE. CLEARWATER, FL 33765
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66010102



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3757382	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent

RAYMOND, J. PAUL
625 COURT STREET, SUITE 200
CLEARWATER, FL 33758

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9. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$850.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD WILSON, DARRALD G. <i>wilson, Stephanie D.</i> 1798 N. HERCULES AVENUE CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD RAYMOND, J. PAUL 625 COURT STREET SUITE 200 CLEARWATER, FL 33758
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S IRUZARRY, ANGEL 8901 PEPPERMILL COURT TAMPA, FL 33834
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

DO NOT WRITE IN THIS SPACE

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 all other like empowered.

SIGNATURE: *[Signature]* **6-5-06 707 442 7099**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone #