

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000094347

FILED
Mar 09, 2009
Secretary of State

Entity Name: MACASSON, INC.

Current Principal Place of Business:

1798 NORTH HERCULES AVE.
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

1798 NORTH HERCULES AVE.
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 59-3757382 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAYMOND, J. PAUL
625 COURT STREET, SUITE 200
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILSON, STEPHANIE D
Address: 1798 N. HERCULES AVENUE
City-St-Zip: CLEARWATER, FL 33575

Title: SD () Delete
Name: RAYMOND, J. PAUL
Address: 625 COURT STREET SUITE 200
City-St-Zip: CLEARWATER, FL 33756

Title: S () Delete
Name: IRUZARRY, ANGEL
Address: 8901 PEPPERMILL COURT
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MACKAY, LAWRENCE A PD
Address: 2281 MANOR BLVD
City-St-Zip: CLEARWATER, FL 34645

Title: VP (X) Change () Addition
Name: CASS, ROBERT A VP
Address: 2668 MEGAN COURT
City-St-Zip: PALM HARBOR, FL 34684

Title: S (X) Change () Addition
Name: WILSON, STEPHANIE D S
Address: 2970 MAPLE TRACE
City-St-Zip: TARPON SPRING, FL 34668

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.

SIGNATURE: ANGEL IRIZARRY

_____ Electronic Signature of Signing Officer or Director

MR

03/09/2009

_____ Date