


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000114480 1. Entity Name MAC'S MARINA, INC.		
Principal Place of Business 31 NEWMAN AVENUE PENSACOLA, FL 32507		Mailing Address 31 NEWMAN AVENUE PENSACOLA, FL 32507
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MCLEAN, KATHERINE 31 NEWMAN AVENUE PENSACOLA, FL 32507		DO NOT WRITE IN THIS SPACE
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: <u><i>Katherine McLean</i></u> <u><i>PMCS.</i></u> <u><i>1/26/06</i></u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLEAN, KATHERINE 31 NEWMAN AVENUE PENSACOLA, FL 32507	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLEAN, MILES 31 NEWMAN AVENUE PENSACOLA, FL 32507	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 an other like empowered. SIGNATURE: <u><i>Katherine McLean</i></u> <u><i>1/26/06</i></u> <u><i>(CS2) 453-327</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01212006 No Chg-P CR2E034 (11/05)

4. FEI Number 64-3588230	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

1100000408562
02/08/06-30065-014 150.00

**DO NOT WRITE
IN THIS SPACE**