


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90026 002 \*\*\*150.00

<b>DOCUMENT # P02000017992</b>	
1. Entity Name <b>MACKEPFRANG CORPORATION</b>	

Principal Place of Business <b>10908 BOUBON CT #51 TAMPA, FL 33612</b>	Mailing Address <b>10908 BOUBON CT #51 TAMPA, FL 33612</b>
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**DO NOT WRITE IN THIS SPACE**



02162004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>01-0600574</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MACKEPFRANG, MATTHIAS  
10908 BOURGON CT.  
#51  
TAMPA, FL 33612**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

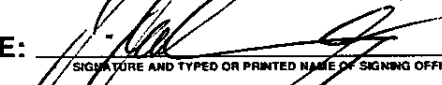
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKEPFRANG, MATTHIAS 10908 BOURBON CT., #51 TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKEPFRANG, ELIA P. 10908 BOURBON CT., #51 TAMPA, FL 33612
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **2-16-04** **813-505 2927**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #