## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 19, 2004 08:00 AM Secretary of State DOCUMENT # P02000032740 1. Entity Name MACCC, INC. Principal Place of Business Mailing Address 2942 TUSCARORA TRAIL 2942 TUSCARORA TRAIL MIDDLEBURG, FL 32068 MIDDLEBURG, FL 32068 03102004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 27-0006685 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRANT, JAMES R DO NOT WRITE 2942 TUSCARORA TRAIL MIDDLEBURG, FL 32068 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 Signature, typoid or printed name of registered agent and sife if applicable (NOTE Registered Agent signature required when reinstating) EXATE. 9. Election Campalgn Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. 3133£ DPST NAME GRANT, JAMES R STREET ADDRESS 2942 TUSCARORA TRAIL MIDDLEBURG, FL 32068 CITY-ST-ZIP THEE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADORESS DO NOT WRITE CITY ST-ZIP 3133.5 IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP HILE

12. I hereby certify that the information supplied with this filling 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 typice 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 little showered.

SIGN, TURE:

NAME STREET ADDRESS CITY ST-ZIP TITLE MAME STREET ADDRESS

**FILED** 

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