## ~ 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000069983  1. Entity Name					Jan 24, 2005 08:00 AM Secretary of State			
T-MAC PI	ROPERTIES, INC.					•		
Principal Plac	e of Business	Mailing Address		A CONTRACTOR	•	:		
3740 SW 56 COURT		3740 SW 56 COURT						
OCALA FL 34474		OCALA FL 34474					-	
					11161			
2. Principal Place of Business		3. Mailing Address		j   <b>  </b>				
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Suite, Apt. #, etc.		Suite, Apt. #, etc		15	t MOORE CR2EC	34 (10/04)		
City & State		City & State		4. FEI Numb	per on occopace		Applied For	
							Not Applicab	
Zip	Country	· Zip Coun		ntry	5. Certificate of Status Desired  \$8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent	<del></del> _	T	7. Name and	d Address of New Register		
				Name				
PERMENTER, ROSEMARIE				Street Address (P.O. Box Number is Not Acceptable)				
3740 SW 56TH CT OCALA FL 34474								
00/	TEXT L STATE					·		•
				City		F	Zip C	ode
8. The above	named entity submits this statement	or the purpose of changing it	s register	ed office or registe	red agent, or bo	oth, in the State of Florida. I	am familiar wi	th, and accep
	tions of registered agent.		-	-		•		
SIGNATURE .						<u> </u>		terr
	Signature, typed or printed name of registered agen	I and title if applicable (NO	TE Registore	d Agent signature require	d when minstating)	DA'	Ŧ	<del>-</del>
	ILE NOW!!! FEE IS \$150.00					9. Election Campaign Fina	ancing \$	<b>5.00</b> May B
	May 1, 2005 Fee Will Be \$550.0 k Payable to Florida Department of					Trust Fund Contribution	i. 🗍 A	dded to Fees
10.	OFFICERS AND		11.		ADDITIONS	  /CHANGES TO OFFICERS /	ND DIRECTO	DRS IN 11
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NAME	PERMENTER, TOMMY D		NAN	1E.		U00000130701		
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CITY-ST-ZIP	OCALA FL 34474			-ST-ZIP		<del></del>	Chang	ie 🔲 Addilia
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CITY-ST 71P				r-ST-ZIP			•	
12. I hereby	certify that the information supplied wit	th this filing does not qualify fo	or the exe	emption stated in S	ection 119.07(3	)(i), Florida Statutes. I further	certify that th	e information
indicated of the co	on this report or supplemental report reportation or the receiver or trustee emy or on an attachment with an address,	is true and accurate and that cowered to execute this repor	my signa t as requ	iture snall have the ired by Chapter 60	same legal effe 7, Florida Statut	ect as it made under bath; this les, and that my name appea	ar i am an offi irs in Block 10	or Block 11

SIGNATURE: Resemble Rosemarie Permenter 1-18-05 352-854-1946
SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Design Phone & Design

FILED