



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90192 018 ***150.00

DOCUMENT # P03000019034 1. Entity Name MACSUB XII, INC.					
Principal Place of Business 420 PARK PLACE STE 100 CLEARWATER, FL 33759			Mailing Address 420 PARK PLACE STE 100 CLEARWATER, FL 33759		
2. Principal Place of Business 630 Chestnut St. Suite, Apt. #, etc.		3. Mailing Address 630 Chestnut St. Suite, Apt. #, etc.			
City & State Clearwater, FL Zip 33756 Country USA		City & State Clearwater, FL Zip 33756 Country USA		4. FEI Number 04-3746263 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04232005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent HUBBART, KEVIN J ESQ 420 PARK PLACE STE 100 CLEARWATER, FL 33759			7. Name and Address of New Registered Agent Name Sean Moyles Street Address (P.O. Box Number is Not Acceptable) 630 Chestnut St. City Clearwater FL Zip Code 33756		
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: SEAN MOYLES DATE: 4-23-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOMAS, DAVID 420 PARK PLACE STE 100 CLEARWATER, FL 33759	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	630 Chestnut St. Clearwater, FL 33756	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  DATE: 4-25-05 DAYTIME PHONE: 727-723-3771 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

David McComas