2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000059198

104 WILDWOOD DR

SANFORD, FL 32773

Address:

City-St-Zip:

Entity Name: MAC SUPERIOR FRAMING, INC

FILED Jun 16, 2005 Secretary of State

Entity Nai	me: MAC SU	PERIOR FRAIN	IIING, INC.					
Current Principal Place of Business:				New Princ	New Principal Place of Business:			
	SIDE CIRCLE), FL 32773							
Current Mailing Address:				New Mailing Address:				
	SIDE CIRCLE), FL 32773							
FEI Number:	: 42-1592817	FEI Number A	pplied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desi	red()	
Name and	Address of (Current Regist	tered Agent:	Name and	Address of	New Registered Agent	:	
3150 SANI CLEARWA	RATE USA, IN DY RIDGE DR ATER, FL 327	: 73 US						
	named entity e of Florida.	submits this st	atement for the p	urpose of changing i	ts registered	l office or registered agent	t, or both,	
SIGNATU	RE:							
	Electro	nic Signature o	f Registered Age	nt		Date		
		3(2)(b), F.S., the g Trust Fund Co	•	t receive the prior notic	e.			
OFFICERS	S AND DIREC	TORS:		ADDITION	S/CHANGE	S TO OFFICERS AND D	IRECTORS	
Title: Name: Address: City-St-Zip:	P. (COX, MCLOYI 132 LAKESIDE SANFORD, FL	CIRCLE		Title: Name: Address: City-St-Zip:	,	() Change () Addition		
Title: Name: Address: City-St-Zip:	VP (DAIGLE, CHRI 9 CARRIAGE (SANFORD, FL	OVE WAY		Title: Name: Address: City-St-Zip:	,	() Change () Addition		
Title: Name: Address: City-St-Zip:	S (HARDISON, SI 132 LAKESIDE SANFORD, FL	CR		Title: Name: Address: City-St-Zip:	,	() Change () Addition		
Title: Name:	VP (BARRETT, CAI) Delete RL		Title: Name:	VP STEARNS, D	(X) Change()Addition ANIEL		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

132 LAKESIDE CIRCLE

SANFORD, FL 32773

SIGNATURE: MCLOYD B COX P 06/16/2005