


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000104923

1. Entity Name
MAC & COMPANY INC.



Principal Place of Business
**6423 SAND HILLS CIR
 LAKE WORTH, FL 33463**

Mailing Address
**C/O BLAKESBERG & CO CPAS
 951 SW 4TH AVE.
 BOCA RATON, FL 33432**



03282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3655956	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BLAKESBERG, WILLIAM
 BLAKESBERG & COMPANY
 951 SW 4 AVE
 BOCA RATON, FL 33432-5803**

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 reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P MACDONALD, MICHAEL 6423 SAND HILLS CIR LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MACDONALD, LINDA 6423 SAND HILLS CIR LAKE WORTH, FL 33463
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Michael P. MacDonald Date: 4-9-07 Daytime Phone #: 561 248 7119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR