


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 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**



02152008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**11-3655956**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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**



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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

000000836446  
 03/04/08-80018-003 150.00

**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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	



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 information.

SIGNATURE: *Michael Macdonald* **MICHAEL MACDONALD** P  
Signature of Signing Officer or Director

2/21/08 561-248-7119  
Date Daytime Phone #