

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90088 031 ***150.00

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DOCUMENT # P04000005243 1. Entity Name MACE CONSTRUCTION COMPANY			
Principal Place of Business 13700 SUTTON PARK DR N A714 JACKSONVILLE, FL 32224		Mailing Address 13700 SUTTON PARK DR N JACKSONVILLE, FL 32224	
2. Principal Place of Business - No P.O. Box # 13700 Sutton Park Dr N		3. Mailing Address 13700 Sutton Park Dr N	
Suite, Apt. #, etc. #417		Suite, Apt. #, etc. #417	
City & State Jax FL		City & State Jax FL	
Zip 32224		Zip 32224	
Country US		Country US	
4. FEI Number 20-0611679		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACE, CHARLES F 15949 SHARK RD. W JACKSONVILLE, FL 32226		7. Name and Address of New Registered Agent Name Charles F Mace Street Address (P.O. Box Number is Not Acceptable) 13700 Sutton Park Dr N #417 City Jax State FL Zip Code 32224	
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 Charles F Mace DATE 4-19-07 <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, 2007 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 P NAME MACE, CHARLES F STREET ADDRESS 13700 SUTTON PARK DR N A714 CITY-ST-ZIP JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete	TITLE P NAME Mace Charles F STREET ADDRESS 13700 SUTTON PARK DR N #417 CITY-ST-ZIP Jax FL 32224	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T NAME MACE, CHARLES F STREET ADDRESS 15949 SHARK RD. W CITY-ST-ZIP JACKSONVILLE, FL 32226	<input type="checkbox"/> Delete	TITLE T NAME Mace Charles F STREET ADDRESS 13700 SUTTON PARK DR N #417 CITY-ST-ZIP Jax FL 32224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME MACE, CHARLES F STREET ADDRESS PO BOX 28896 CITY-ST-ZIP JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete	TITLE S NAME Mace Charles F STREET ADDRESS 13700 SUTTON PARK DR N #417 CITY-ST-ZIP Jax FL 32224	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: Charles F Mace		DATE: 4-19-07 DAYTIME PHONE: 904 251 5660	