

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90085 030 ***150.00

DOCUMENT # P04000048121

1. Entity Name
AILLEMAC, INC.



Principal Place of Business
1697 MONASTERY ROAD
ORANGE CITY, FL 32763

Mailing Address
1697 MONASTERY ROAD
ORANGE CITY, FL 32763

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02162007

Chg-P

CR2E034 (12/06)

4. FEI Number

38-3701074

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROSS, CARL W
1697 MONASTERY ROAD
ORANGE CITY, FL 32763

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME CROSS, CARL W
STREET ADDRESS 1697 MONASTERY RD
CITY-ST-ZIP ORANGE CITY, FL 32763

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME CROSS, JOANNE E
STREET ADDRESS 1697 MONASTERY RD
CITY-ST-ZIP ORANGE CITY, FL 32763

TITLE ☒ Change ☐ Addition
NAME 1697
STREET ADDRESS 1658 Monastery Rd.
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME CROSS, JEFFREY S
STREET ADDRESS 1697 MONASTERY RD
CITY-ST-ZIP ORANGE CITY, FL 32763

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 340 Hinsdale
CITY-ST-ZIP DeBary, Florida 32713

TITLE VP ☐ Delete
NAME CROSS, GREGORY E
STREET ADDRESS 11720 BRIGGS CT
CITY-ST-ZIP FAIRFAX, VA 22030

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 empowered.

SIGNATURE: *Carl W. Cross* CARL W. CROSS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-07

Date

386-775-7619

Daytime Phone #