

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90257 009 \*\*\*150.00

DOCUMENT # P04000126895

1. Entity Name

MACEMAN INC.



Principal Place of Business

9300 WICKHAM WAY  
ORLANDO FL 32836

Mailing Address

9300 WICKHAM WAY  
ORLANDO FL 32836

2. Principal Place of Business

2438 TAMARINDO DR

3. Mailing Address

2438 TAMARINDO DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

THE VILLAGES, FLA

City & State

THE VILLAGES, FLA

4. FEI Number

74-3129871

Applied For

Not Applicable

Zip

32162

Country

Sumpter

Zip

32162

Country

Sumpter

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MACIARZ, JOHN F  
9300 WICKHAM WAY  
ORLANDO FL 32836

7. Name and Address of New Registered Agent

Name JOHN F. MACIARZ  
Street Address (P.O. Box Number is Not Acceptable)  
2438 TAMARINDO DR

City THE VILLAGES

FL

Zip Code 32162

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

2-27-05

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME MACIARZ, JOHN F  
STREET ADDRESS 9300 WICKHAM WAY  
CITY-ST-ZIP ORLANDO FL 32836 ☐ Delete

TITLE ST  
NAME MACIARZ, JOHN F  
STREET ADDRESS 9300 WICKHAM WAY  
CITY-ST-ZIP ORLANDO FL 32836 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME JOHN F MACIARZ  
STREET ADDRESS 2438 TAMARINDO DR  
CITY-ST-ZIP THE VILLAGES, FLA 32162 ☒ Change ☐ Addition

TITLE ST  
NAME JOHN F MACIARZ  
STREET ADDRESS 2438 TAMARINDO DR  
CITY-ST-ZIP THE VILLAGES, FL 32162 ☒ Change ☐ Addition

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-05

Date

407/721-5571

Daytime Phone #