


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 06, 2007 8:00 am**  
**Secretary of State**

09-06-2007 90012 006 \*\*\*558.75

<b>DOCUMENT # P05000137460</b> 1. Entity Name <b>COMAC INCORPORATED</b>	
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Principal Place of Business <b>13641 TWIN LAKES LANE TAMPA, FL 33618</b>	Mailing Address <b>PO BOX 24357 TAMPA, FL 33623</b>
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**DO NOT WRITE IN THIS SPACE**

02092007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>32-0041606</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**TURNER, JEAN  
2811 W KENMORE AVE  
TAMPA, FL 33614**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MACIEJEWSKI, CHARLES 13641 TWIN LAKES LANE TAMPA, FL 33618</b>
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IN THIS SPACE**

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 Maciejewski* **8/31/07** **813)2941028**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40131575  
#05000137460

Please help me Jean Turner  
Passed away 10:00 AM LAST Saturday  
CANCER 43%  
CAN YOU NOT FINE ME SO BAD

Chuck Mac.