

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90033 004 ***150.00

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1. Entity Name
MAC'S REPAIRS, INC.



Principal Place of Business
**1986 OLD HWY 98
ROYAL SEASTA # 9
DESTIN, FL 32550-6840 US**

Mailing Address
**P.O. BOX 2547
SANTA ROSA BEACH, FL 32459 US**

94031748



03082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business
119 Snowdrift Road
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Destin, FL

City & State

4. FEI Number
59-3156597

Applied For
Not Applicable

Zip
32550-4148

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCCOOL, WAYNE F
1986 OLD HWY 98
ROYAL SEASTA # 9
DESTIN, FL 32550-6840**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
119 Snowdrift Road
City
Destin FL Zip Code
32550-4148

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
MCCOOL, WAYNE F
1986 OLD HWY 98, ROYAL SEASTA #9
DESTIN, FL 325506840** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**119 Snowdrift Road
Destin, FL 325504148** ☒ Change ☐ Addition

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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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

3-15-04

Date

Daytime Phone #