

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90007 011 ***150.00

DOCUMENT # P93000000524					
1. Entity Name MAC I SIGNS, INC.					
Principal Place of Business 7068 W GROVER CLEVELAND BLVD HOMOSASSA, FL 34446 US			Mailing Address 7068 W GROVER CLEVELAND BLVD HOMOSASSA, FL 34446 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03132004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3157430				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 MCBRIDE, KEITH H 7068 W GROVER CLEVELAND BLVD HOMOSASSA, FL 34446			7. Name and Address of New Registered Agent 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 _____ <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, 2004 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 PD	NAME MCBRIDE, KEITH H		<input type="checkbox"/> Delete		
STREET ADDRESS 7068 W GROVER CLEVELAND BLVD	HOMOSASSA, FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	HOMOSASSA, FL		CITY-ST-ZIP		
TITLE ST	NAME MCBRIDE, COLLEEN L		<input type="checkbox"/> Delete		
STREET ADDRESS 7068 W GROVER CLEVELAND BLVD	HOMOSASSA, FL		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	HOMOSASSA, FL		CITY-ST-ZIP		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	_____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	_____		CITY-ST-ZIP		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	_____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	_____		CITY-ST-ZIP		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	_____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	_____		CITY-ST-ZIP		
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: <i>Keith H. McBride</i>			3/19/04		352 628 3246
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>