


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000000624
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

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03092005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-3157430 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MCBRIDE, KEITH H
7068 W GROVER CLEVELAND BLVD
HOMOSASSA, FL 34446

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCBRIDE, KEITH H
STREET ADDRESS	7068 W GROVER CLEVELAND BLVD
CITY-ST-ZIP	HOMOSASSA, FL
TITLE	V
NAME	MCBRIDE, COLLEEN L
STREET ADDRESS	7068 W GROVER CLEVELAND BLVD
CITY-ST-ZIP	HOMOSASSA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Keith H. McBride 3/15/05 352 628 3246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #