


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 08:00 AM
Secretary of State


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
--	--

DO NOT WRITE IN THIS SPACE



03082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3157430	Applied For 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**

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 _____ 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, 2007 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

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

DO NOT WRITE IN THIS SPACE

U00000666248
 03/23/07-80061-020 150.00

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: *Colleen L McBride* **Colleen L McBride** **3/13/07** **352 628-3246**

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