



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90384 007 ***150.00

DOCUMENT # P95000059151 1. Entity Name MACY HOMES, INC.					
Principal Place of Business 4215 SOUTHPOINT BLVD. SUITE 100 JACKSONVILLE, FL 32216			Mailing Address BELFORT RD. SOUTH PROFESSIONAL PARK P O BOX 551260 JACKSONVILLE, FL 32255-1260		
2. Principal Place of Business 4711 HWY 17 S.,		3. Mailing Address P.O. Box 1381		 03172005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc. B-2 #1		Suite, Apt. #, etc.			
City & State Orange Park, FL		City & State Orange Park, FL			
Zip Country 32003 CLAY		Zip Country 32067 CLAY			
4. FEI Number 59-3333239				<input type="checkbox"/> Applied For <input checked="" 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 ANSBACHER, LEWIS 5150 BELFORT RD BLDG 100 JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent Name A.E. McWilliams Street Address (P.O. Box Number is Not Acceptable) 4711 HWY 17 S., B-2 #1 City Orange Park FL Zip Code 32003		
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 <u><i>A.E. McWilliams</i></u> A.E. McWilliams 3/25/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	P MCWILLIAMS, A E 4711 HWY 17 S. #8 ORANGE PARK, FL 32073 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAST MCWILLIAMS, MACY 4711 HWY 17 S. #8 ORANGE PARK, FL 32073 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS BIAS, BETTE 4711 HWY 17 S. #8 ORANGE PARK, FL 32073 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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)(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: <u><i>A.E. McWilliams</i></u> A.E. McWilliams 3/25/05 264-5006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					