

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000062736

1. Entity Name  
MAC SUPPLY ENTERPRISES INC.



Principal Place of Business  
POST OFFICE BOX 4604  
SEMINOLE, FL 33775 US

Mailing Address  
POST OFFICE BOX 4604  
SEMINOLE, FL 33775 US



01222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3337227

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MCCLELLAN, AUDREY  
9816 ASHLEY DRIVE  
SEMINOLE, FL 33772

**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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

U000000208521  
02/01/05-80090-002 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PT
NAME	MCCLELLAN, AUDREY
STREET ADDRESS	9816 ASHLEY DRIVE
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	DVS
NAME	MCCLELLAN, JOSEPH
STREET ADDRESS	9816 ASHLEY DRIVE
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	DVS
NAME	MCCLELLAN, MATTHEW L
STREET ADDRESS	9816 ASHLEY DR
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *X Audrey McClellan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05 727-391-2249  
Date Daytime Phone #