

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000062736

FILED
Jul 17, 2006
Secretary of State

Entity Name: MAC SUPPLY ENTERPRISES INC.

Current Principal Place of Business:

POST OFFICE BOX 4604
SEMINOLE, FL 33775 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 4604
SEMINOLE, FL 33775 US

New Mailing Address:

FEI Number: 59-3337227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLELLAN, AUDREY
9816 ASHLEY DRIVE
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

MCCLELLAN, AUDREY L PT
9816 ASHLEY DRIVE
SEMINOLE, FL 33772 US

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.

SIGNATURE: AUDREY L. MCCLELLAN

07/17/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: MCCLELLAN, AUDREY
Address: 9816 ASHLEY DRIVE
City-St-Zip: SEMINOLE, FL 33772

Title: DVS () Delete
Name: MCCLELLAN, JOSEPH
Address: 9816 ASHLEY DRIVE
City-St-Zip: SEMINOLE, FL 33772

Title: DVS () Delete
Name: MCCLELLAN, MATTHEW L
Address: 9816 ASHLEY DR
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUDREY L MCCLELLAN

PT

07/17/2006

Electronic Signature of Signing Officer or Director

Date