


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2004 08:00 AM
Secretary of State**

DOCUMENT # P95000095582 1. Entity Name MAC DESIGN MAGAZINE, INC.	
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Principal Place of Business 333 E DOUGLAS RD OLDSMAR, FL 34677 US	Mailing Address 333 E DOUGLAS RD OLDSMAR, FL 34677 US
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02162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3355282	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 KENDRA, JEAN A 333 E DOUGLAS RD OLDSMAR, FL 34677
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELBY, SCOTT G 214 HIGHLAND SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KELBY, KALEBRA 214 HIGHLAND SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WORKMAN, JAMES 3020 ASHLAND TERRACE CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KENDRA, JEAN A 3020 ASHLAND CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000121035
04/20/04-80033-020 150.00

**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)(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: Jean A Kendra Jean A Kendra 4-8-04 813-433-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #