
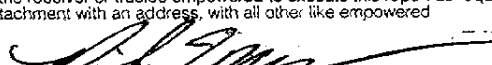


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000065143 1. Entity Name MACS CUSTOM CONSTRUCTION, INC.		
Principal Place of Business 848 GLOUCESTER STREET BOCA RATON, FL 33487		Mailing Address P.O. BOX 576 DELRAY BEACH, FL 33447
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MECCARIELLO, RICHARD J JR. 848 GLOUCESTER STREET BOCA RATON, FL 33487		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MECCARIELLO, RICHARD J JR. 848 GLOUCESTER STREET BOCA RATON, FL 33487	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0730335	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U000000169402
08/05/04-80001-016 150.00

**DO NOT WRITE
IN THIS SPACE**