


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000026151		
1. Entity Name MACONA CORPORATION		
Principal Place of Business 5080 LOCHWOOD CT NAPLES, FL 34112		Mailing Address 5080 LOCHWOOD CT NAPLES, FL 34112
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SEEMANN, ERNEST A 4729 DEL PRADO BLVD CAPE CORAL, FL 33904		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 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
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	MARQUARDT, ERICH	
STREET ADDRESS	5080 LOCHWOOD CT	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	D	
NAME	MARQUARDT, HEIDE	
STREET ADDRESS	5080 LOCHWOOD CT	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <u>E. MARQUARDT</u> 01-10-2004 239 775 5029		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3439263

Applied For
Not Applicable

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

U000000004169
01/15/04-80001-019 150.00

**DO NOT WRITE
IN THIS SPACE**