

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 18, 2007 08:00 AM

check Secretary of State

*\$ 150.00
at side*

DOCUMENT # P97000026154

**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



01022007 No Chg-P CR2E034 (11/05)

**4. FEI Number
59-3439263**

**Applied For
Not Applicable**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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

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, 2007 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

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

000000591738
01/19/07-80095-007 150.00

10. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**
D
MARQUARDT, ERICH
5080 LOCHWOOD CT
NAPLES, FL 34112

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**
D
MARQUARDT, HEIDE
5080 LOCHWOOD CT
NAPLES, FL 34112

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**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 exemptions contained 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 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: MARQUARDT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-13-07 239 775 5029

Date

Daytime Phone #