


2008 FOR PROFIT CORPORATION ANNUAL REPORT

Emailed & FILED
Jan 08 2008 08:00 AM
check 158.75
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
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3439263	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SEEMANN, ERNEST A 4729 DEL PRADO BLVD CAPE CORAL, FL 33904

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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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000775818 01/08/08-80045-002 158.75
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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
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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 01-04-08 233 775 5029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #