

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000071810

Entity Name: JAMES EDWARD MACON, INC.

FILED  
Aug 08, 2012  
Secretary of State

## **Current Principal Place of Business:**

750 S ORANGE BLOSSOM TRAIL  
#1  
ORLANDO, FL 32805

## **New Principal Place of Business:**

## **Current Mailing Address:**

750 S ORANGE BLOSSOM TRAIL  
#1  
ORLANDO, FL 32805

## **New Mailing Address:**

FEI Number: 59-3463699

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

MACON, JAMES E  
750 S ORANGE BLOSSOM TRAIL  
#1  
ORLANDO, FL 32805 US

## **Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **OFFICERS AND DIRECTORS:**

Title: PD  
Name: MACON, JAMES E  
Address: 750 S ORANGE BLOSSOM TRAIL #1  
City-St-Zip: ORLANDO, FL 32805

Title: VPD  
Name: MACON, PEGGY A  
Address: 750 S ORANGE BLOSSOM TRAIL #1  
City-St-Zip: ORLANDO, FL 32805

Title: SD  
Name: MACON, FERDINAND  
Address: 750 S ORANGE BLOSSOM TRAIL #1  
City-St-Zip: ORLANDO, FL 32805

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES E. MACON

P/D

08/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date