

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90071 003 \*\*\*150.00



**DOCUMENT # P97000093178**

1. Entity Name  
 TRAMAC, INC.

Principal Place of Business  
 1827 INDUSTRIAL BLVD  
 TARPON SPRINGS, FL 34689

Mailing Address  
 1827 INDUSTRIAL BLVD  
 TARPON SPRINGS, FL 34689

100000



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3482387	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

MACGREGOR, TRAVIS  
 1827 INDUSTRIAL BLVD  
 TARPON SPRINGS, FL 34689

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD D TRAVIS MACGREGOR 1827 INDUSTRIAL BLVD TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JILL N MACGREGOR 1827 INDUSTRIAL BLVD TARPON SPRINGS, FL 34689
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**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:** *D. Travis MacGregor* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 1/5/07 **Date** 727-939-1922 **Daytime Phone #**