2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000105115

1. Entity Name
MACOR REALTY, INC.

Principal Place of Business	Mailing Address
10404 S.W. 24TH AVE. GAINESVILLE, FL 32607	P.O. BOX 140502 GAINESVILLE, FL 32614

DO NOT WRITE IN THIS SPACE

01252007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-3547181		Not Applicable

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

6. Name and Address of Current Registered Agent

BEUNING, ELISIA M
10404 SW 24TH AVE
GAINESVILLE, FL 32607

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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 _____

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

10.   OFFICERS AND DIRECTORS

TITLE	VT
NAME	BEUNING, ELISIA
STREET ADDRESS	10404 SW 24 AVE.
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	PS
NAME	BEUNING, ELISIA
STREET ADDRESS	10404 SW 24TH AVE
CITY-ST-ZIP	GAINESVILLE, FL 32607
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	

U00000624303
02/14/07-80027-004   150.00

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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: _____   2/2/07   352-331-7161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #