2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000002222

Name:

Address:

City-St-Zip:

DOUGLASS, PAMELA

11535 HUMMINGBIRD LN.

GLEN SAINT MARY, FL 32040

FILED Apr 24, 2009 Secretary of State

Entity Nai	me: MACCL	ENNY CY	CLE & MARINE, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
185 S LOV MACCLEN	VDER ST INY, FL 3206	33					
Current Mailing Address:				New Mailing Address:			
185 S LOV MACCLEN	VDER ST INY, FL 3206	53					
FEI Number:	: 59-3552243	FEI Nun	nber Applied For()	FEI Number Not App	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:		
11535 HUI GLEN SAII The above	, C. STEPHE MMINGBIRD NT MARY, FI named entity of Florida.	LN. _ 32040	US nis statement for the p	urpose of changing i	ts registe	red office or registered agent, or both,	
SIGNATU							
Electronic Signature of Registered Agent				ent	Date		
Election Car	npaign Financi	ng Trust Fu	nd Contribution ().				
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP (WILLIAMS, C 11535 HUMM GLEN SAINT	INGBIRD LN		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DV (ABDO, SALE 11535 HUMM GLEN SAINT	INGBIRD LN		Title: Name: Address: City-St-Zip:	11535 HI	(X) Change () Addition IS, C. STEPHEN JR JMMINGBIRD LN. JINT MARY, FL 32040	
Title:	D () Delete		Title:	D	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

WILLIAMS, C. STEPHEN JR

GLEN SAINT MARY, FL 32040

11535 HUMMINGBIRD LN.

SIGNATURE: CLARENCE STEPHEN WILLIAMS JR DP 04/24/2009