2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000023367

1. Entity Name
RICK MACY BUILDER INC.

Principal Place of Business
1835 US 1 SOUTH 119
PMB 315
SAINT AUGUSTINE, FL 32084

Mailing Address
69 SHORES BLVD
SAINT AUGUSTINE, FL 32086

DO NOT WRITE IN THIS SPACE

04102005   No Chg-P   CR2E034 (10/03)

| 4. FEI Number | Applied For |
| 59-3565975 | Not Applicable |

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

6. Name and Address of Current Registered Agent

MACY, FREDERICK M
69 SHORES BLVD
SAINT AUGUSTINE, FL 32086

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_____

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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MACY, FREDERICK M
STREET ADDRESS	69 SHORE BLVD.
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Fredrick M Macy April 20 05 904 7946932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #