


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000059994</b> 1. Entity Name MAC TOWERS, INC.	
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Principal Place of Business 133 W. INDUSTRIAL BLVD. PENSACOLA, FL 32505	Mailing Address P.O. BOX 11095 PENSACOLA, FL 32524
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<b>DO NOT WRITE IN THIS SPACE</b>
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01212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3586979	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  WHIBBS, SUZANNA N 105 E. GREGORY SQUARE PENSACOLA, FL 32501	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCRARY, BOBBY P.O. BOX 11095 PENSACOLA, FL 32524
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCRARY, BOBBY P.O. BOX 11095 PENSACOLA, FL 32524
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCRARY, PATRICIA P.O. BOX 11095 PENSACOLA, FL 32524
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCRARY, PATRICIA K P.O. BOX 11095 PENSACOLA, FL 32524
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000208178 02/01/05-80076-007 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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)(f), 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 <u>Patricia K. McCrary</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>1-29-05</u> Date	<u>850 476-6242</u> Daytime Phone #
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