


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90051 008 ***150.00

DOCUMENT # P99000085483	
1. Entity Name PHYL-MAC ENTERPRISES OF PALM BEACH INC.	

Principal Place of Business 8927 HYPOLUXO RD A-6 LAKE WORTH, FL 33467 US	Mailing Address 8927 HYPOLUXO RD A-6 LAKE WORTH, FL 33467 US
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40068119



2. Principal Place of Business - No P.O. Box # 6156 BEAR CREEK CT	3. Mailing Address P.O. BOX 541222
Suite, Apt. #, etc. LAKE WORTH FLA.	Suite, Apt. #, etc. GREENWICHES FLA
City & State 33467 USA	City & State 33467 USA
Zip 33467	Country USA

04032008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0952035	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MACEACHERN, PHYLLIS S 8927 HYPOLUXO RD LAKE WORTH, FL 33467	
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7. Name and Address of New Registered Agent Name MACEACHERN PHYLLIS Street Address (P.O. Box Number is Not Acceptable) 6156 BEAR CREEK COURT LAKE WORTH City FL Zip Code 33467	
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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 <i>Phyllis S. Maceachern</i> DATE 4/9/08 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACEACHERN, PHYLLIS S 8927 HYPOLUXO RD LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACEACHERN PHYLLIS S 6156 BEAR CREEK CT LAKE WORTH FLORIDA 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 <i>Phyllis S. Maceachern</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 4/9/08 Daytime Phone # 561-267-3156