

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 27, 2004 8:00 am**  
**Secretary of State**

09-27-2004 90003 035 \*\*\*150.00

**DOCUMENT # V36436**

1. Entity Name  
**MACY & ASSOGIATES, P.A.**



Principal Place of Business  
**202 MARGARET STREET  
BRANDON, FL 33511**

Mailing Address  
**202 MARGARET STREET  
BRANDON, FL 33511**

19061300



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09092004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**59-3124566**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MACY, GREGORY L.  
202 MARGARET STREET  
BRANDON, FL 33511**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☐ Delete  
NAME MACY, GREGORY L  
STREET ADDRESS ~~202 MARGARET STREET~~ **6101 Riverside Dr**  
CITY-ST-ZIP ~~BRANDON, FL 33511~~ **Yankee town FL 34448**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

706-  
9-21-04 832-2197

Attachment



14027459

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 9, 2004

MACY & ASSOCIATES, P.A.  
6101 RIVERSIDE DR.  
YANKEETOWN, FL 34498

SUBJECT: MACY & ASSOCIATES, P.A.  
Ref. Number: V36436

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Katrina Sutphin

Letter Number: 204A00054037

9-21-04

NO SIGNATURE FIRST TIME

SORRY

*[Signature]*