


2008 FOR PROFIT CORPORATION
ANNUAL REPORT


FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000004099
1. Entity Name
MACRO OIL COMPANY, INC.



Principal Place of Business 101 MILLSTONE RD. BROUSSARD, LA 70518	Mailing Address P.O. BOX 1257 BROUSSARD, LA 70518
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 72-0400021	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

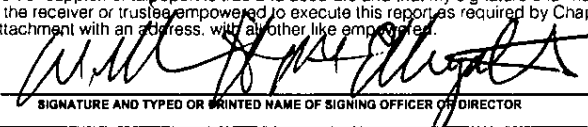
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000782949 01/15/08-80095-009 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCELLIGOTT, MILDRED R. 127 SHANNON RD. LAFAYETTE, LA 70503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCELLIGOTT, WILLIAM H. 109 OAK ALLEY LAFAYETTE, LA 70508
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCELLIGOTT, RICHARD G. 304 ENGLEWOOD DR. LAFAYETTE, LA 70503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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 another like employment.

SIGNATURE:  **William McElligott** 1/11/08 337-839-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #