


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000009840**  
 1. Entity Name  
**MACALIAN PROPERTIES, INC.**



Principal Place of Business      Mailing Address  
**919 NORSOTA WAY**                      **919 NORSOTA WAY**  
**SARASOTA, FL 34242**                      **SARASOTA, FL 34242**

**DO NOT WRITE IN THIS SPACE**



01272004    No Chg-P    CR2E034 (10/03)

4. FEI Number: **65-0815354**      Applied For:  Not Applicable:

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

6. Name and Address of Current Registered Agent  
**ASSELSTINE, ALLAN**  
**919 NORSOTA WAY**  
**SARASOTA, FL 34242**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registrant and title if applicable (NOTE: Registered Agent signature required when rechartering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST ASSELSTINE, ALLAN 919 NORSOTA WAY SARASOTA, FL 34242
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 02/07/04-80002-025 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), Florida Statutes. I further certify that the information indicated on this report of 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: ALLAN ASSELSTINE, PRES.      2-3-04      941-349-2633  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #