

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S10447

FILED  
Jan 09, 2012  
Secretary of State

**Entity Name:** MACRAE'S OF HOMOSASSA, INC.

**Current Principal Place of Business:**

5300 S. CHEROKEE WAY  
HOMOSASSA, FL 34448 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 318  
HOMOSASSA, FL 34487

**New Mailing Address:**

FEI Number: 59-3038991

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MACRAE, J. ALEXANDER  
5300 S. CHEROKEE WAY  
HOMOSASSA, FL 34448 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MACRAE, J. ALEXANDER  
Address: 5300 SOUTH CHEROKEE WAY  
City-St-Zip: HOMOSASSA, FL 34448

Title: D  
Name: MACRAE, WILMA S.  
Address: 5300 SOUTH CHEROKEE WAY  
City-St-Zip: HOMOSASSA, FL 34448

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GATOR MACRAE

PRES

01/09/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date