

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S10447

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

**Current Principal Place of Business:**

5300 S. CHEROKEE WAY  
HOMOSASSA, FL 34448

**Current Mailing Address:**

PO BOX 318  
HOMOSASSA, FL 34487

**FEI Number:** 59-3038991

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

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

Title SECRETARY  
Name MACRAE, WILMA S.  
Address PO BOX 318  
City-State-Zip: HOMOSASSA FL 34487

*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:** J ALEXANDER MACRAE

**PRESIDENT**

**01/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date