2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2005 8:00 am
Secretary of State
08-17-2005 90001 050 ***558.75

DOCUMENT # P00000116590

1. Entity Name
MACK TECHNOLOGIES FLORIDA, INC.

Principal Place of Business	Mailing Address
7505 TECHNOLOGY DR MELBOURNE, FL 32904	7505 TECHNOLOGY DR MELBOURNE, FL 32904

08052005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2811039 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIVEY, SUSAN J
7505 TECHNOLOGY DR.
MELBOURNE, FL 32904

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JELLISON, RON 27 CARLISLE RD. WESTFORD, MA 01886	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT KOVACH, JOHN 27 CARLISLE ROAD WESTFORD, MA 01886	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BELNAP, FLORENCE 608 WARM BROOK RD. ARLINGTON, VT 05250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DIAMOND, TANYA 27 CARLISLE RD. WESTFORD, MA 01886	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary PRISCILLA GATELY 27 CARLISLE ROAD WESTFORD, MA 01886	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: P.G. Gately PRISCILLA GATELY 8/13/05 978-392-5527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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ATTACHMENT

DOCUMENT # P00000116590

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5006195 [redacted]

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SPIVEY, SUSAN J 7505 TECHNOLOGY DR. MELBOURNE, FL 32904	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: SUSAN SPIVEY Susan J. Spivey 08/15/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DIAMOND, TANYA 27 CARLISLE RD. WESTFORD, MA 01886	☒ Delete	Secretary PRISCILLA GATELY, 27 CARLISLE ROAD WESTFORD, MA 01886	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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SIGNATURE: P.C. Gately PRISCILLA GATELY 8/13/05 978-392-5527
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (DIRECTOR OR DIRECTOR) Date Daytime Phone #