


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2006 8:00 am
Secretary of State

05-18-2006 90015 040 ***150.00

DOCUMENT # H28329 1. Entity Name MACK'S LOADER SERVICE, INC.	
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Principal Place of Business 2700 AVENUE OF THE AMERICAS ENGLEWOOD, FL 34224 US	Mailing Address 2700 AVENUE OF THE AMERICAS ENGLEWOOD, FL 34224 US
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2. Principal Place of Business	3. Mailing Address P.O. Box 5219
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State Grove City, FL
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Zip	Country	Zip 34224	Country Charlotte
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03102006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2457208	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 MACRIS, STEVEN W. 351 WEST VENICE AVENUE VENICE, FL 33595	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACK, GARY A. 2700 AVENUE OF THE AMERICAS ENGLEWOOD, FL 34224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MACK, PATRICIA LYNNE 2700 AVENUE OF THE AMERICAS ENGLEWOOD, FL 34224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE: Patricia Lynne Mack 5-1-06 941-475-1532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40093059
H28 329

* Please Note Change of address
Mack's Londen Service Inc.

Send this card to magazines, businesses, friends and family to let them know you've moved

Please send mail to my new address starting: 12/5/05
Month Day Year

My Name: Gary Mack & Patricia

Old Address:
2700 Ave of the Americas
STREET OR PO BOX APPTS/STE #
Englewood FL 34224
CITY OR POST OFFICE STATE ZIP+

New Address:
P.O. Box 5219
STREET OR PO BOX APPTS/STE #
Genee City FL 34224
CITY OR POST OFFICE STATE ZIP+

