


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90006 005 \*\*\*150.00

<b>DOCUMENT # H41404</b> 1. Entity Name <b>MACKIN ENTERPRISES, INC.</b>					
Principal Place of Business <b>3688 SW 13TH TERR. OKEECHOBEE FL 34974 US</b>			Mailing Address <b>3688 SW 13TH TERR OKEECHOBEE FL 34974 US</b>		
2. Principal Place of Business <b>3688 SW 13TH TERRACE</b> Suite, Apt. #, etc.		3. Mailing Address <b>3688 SW 13TH TERRACE</b> Suite, Apt. #, etc.			
City & State <b>OKEECHOBEE, FL</b>		City & State <b>OKEECHOBEE FL.</b>		4. FEI Number <b>59-2501667</b>	
Zip <b>34974</b> Country <b>U.S.</b>		Zip <b>34974</b> Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MACKIN, EMMA FAYE 3688 SW 13TH TERRACE OKEECHOBEE FL 34974</b>			7. Name and Address of New Registered Agent Name <b>N/A</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 <u><b>EMMA FAYE MACKIN P.D.</b></u> <i>Emma Faye Mackin</i> <b>1-26-2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MACKIN, WALTER 3688 SW 13TH TERRACE OKEECHOBEE FL 34974		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACKIN, EMMA FAYE 3688 SW 13TH TERRACE OKEECHOBEE FL 34974		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <i>Emma Faye Mackin</i> EMMA FAYE MACKIN 1-26-2004 863-763-0783</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					