


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State


02-07-2005 90074 002 ***150.00

| | |
|---|---|
| DOCUMENT # H41404 |  |
| 1. Entity Name MACKIN ENTERPRISES, INC. | |

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|---|---|
| Principal Place of Business 3688 SW 13TH TERRACE OKEECHOBEE FL 34974 US | Mailing Address 3688 SW 13TH TERRACE OKEECHOBEE FL 34974 US |
|---|---|

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|---|---|
| 2. Principal Place of Business 3688 SW 13th Terr. | 3. Mailing Address 3688 SW 13th Terr. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|---------------------------------------|---------------------------------------|
| City & State Okeechobee Fl. | City & State Okeechobee Fl. |
| Zip 34974 | Country Okeechobee |

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|---|--|
|  | |
| 1st MOORE | CR2E034 (10/04) |
| 4. FEI Number 59-2501667 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MACKIN, EMMA FAYE 3688 SW 13TH TERRACE OKEECHOBEE FL 34974 | |
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|---|--------------------------|
| 7. Name and Address of New Registered Agent Walter H. Mackin | |
| Street Address (P.O. Box Number is Not Acceptable) 3688 SW 13th Terr. | |
| Okeechobee Fl. | |
| City FL | Zip Code 34974 |

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 Walter H. Mackin PD Walter H. Mackin 1-31-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MACKIN, WALTER 3688 SW 13TH TERRACE OKEECHOBEE FL 34974 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MACKIN, EMMA FAYE 3688 SW 13TH TERRACE OKEECHOBEE FL 34974 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Mackin, Walter 3688 SW 13th Terr. Okeechobee, FL 34974 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Mackin, Emma Faye 3688 SW 13th Terr. Okeechobee, FL 34974 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> 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.

SIGNATURE: Walter H. Mackin Walter H. Mackin 1-31-05 863-763-0783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #