

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # H92060 1. Entity Name MACK PARDUE PAINTING CONTRACTORS, INC.	
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Principal Place of Business 1961 NATURE LN PENSACOLA FL 32526 US	Mailing Address 1961 NATURE LN PENSACOLA FL 32526 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-2626803		Applied For
		Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
PARDUE, MACK S 1961 NATURE LN PENSACOLA FL 32526		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 _____
Signature, typed or printed name of registered agent and date of application. (NOTE: Registered Agent Signature required when changing agent.) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State.	9. Election Campaign Financing Trust Fund Contribution: ☐ \$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	DP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PARDUE, MACK S.	NAME	000000882969
STREET ADDRESS	1961 NATURE LN	STREET ADDRESS	04/16/08-80061-024 150.00
CITY-ST-ZIP	PENSACOLA FL 32526	CITY-ST-ZIP	
TITLE	DST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PARDUE, MARTHA S.	NAME	
STREET ADDRESS	1961 NATURE LN	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32526	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PARDUE, CHRISTOPHER J.	NAME	
STREET ADDRESS	1018 DAFFIN RD	STREET ADDRESS	
CITY-ST-ZIP	MOLINO FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Martha S. Pardue 4-3-08 (850) 968-3671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR