

2006 FOR PROFIT CORPORATION ANNUAL REPORT

CO# GL# SUB AGY AMOU

25 Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000101880

1. Entity Name
MACKEY VENTURES, INC.



Principal Place of Business Mailing Address

631 US HWY ONE 631 US HWY ONE
SUITE 406 SUITE 406
NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408

APPROVAL *Clh* TOTAL \$0.00
DATE



04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1059702 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACKEY, WALTER J JR
631 US HWY ONE
SUITE 406
NORTH PALM BEACH, FL 33408

DO NOT WRITE IN THIS SPACE

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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MACKEY, WALTER J JR
STREET ADDRESS	772 LAGOON DR
CITY-ST-ZIP	N PALM BEACH, FL 33409
TITLE	ST
NAME	WILLIAMS, EDWARD S
STREET ADDRESS	6080 TERRA ROSA CIRCLE
CITY-ST-ZIP	BOYNTON BEACH, FL 33409
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/06/06-80061-025 150.00

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 Treasurer 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: *Edward S Williams* *Edward S Williams* 4/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary Date Daytime Phone #