


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90072 050 ***150.00

DOCUMENT # P01000116116	
1. Entity Name J-MACK SERVICE CO. INC.	

Principal Place of Business 727 SPRING LAKE DR. MELBOURNE, FL 32940	Mailing Address 727 SPRING LAKE DR. MELBOURNE, FL 32940
---	---

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
-----	---------	-----	---------

6. Name and Address of Current Registered Agent	
BURKE, MATTHEW T CPA 503 N. ORLANDO AVE., SUITE 106 COCOA BEACH, FL 32931	

7. Name and Address of New Registered Agent	
Name Burke, Matthew T. CPA Street Address (P.O. Box Number is Not Acceptable) 1980 N. Atlantic Ave. Suite 707 City Cocoa Beach FL Zip Code 32931	

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 Matthew T. Burke CPA	DATE 2/15/08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE P NAME MACKWISH, JOHN STREET ADDRESS 727 SPRING LAKE DR. CITY-ST-ZIP MELBOURNE, FL 32940	<input type="checkbox"/> Delete
TITLE S NAME OAKLEY, MARK STREET ADDRESS 122 HARRIS BLVD. CITY-ST-ZIP INDIANTLANTIC, FL 32903	<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
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	<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
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 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: John Mackwish SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 2-21-08 DATE	DAYTIME PHONE # 321-242-2465 DAYTIME PHONE #
---	-----------------------------	--