## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

## **Secretary of State DOCUMENT # P02000001523** 1. Entity Name 02-01-2007 90029 045 \*\*\*150.00 ALMAC UNLIMITED, INC. Principal Place of Business Mailing Address 1309 SE 173RD COURT SILVER SPRINGS, FL 34488 1309 35-123RD COURT 40000-SILVER SPRINGS, FL 34488 2. Principal Place of Business - No P.O. Box # 977/ SE Hwy 464C Suite, Apt. #, etc. 3. Mailing Address 9771 SE Hwy 464C Suite, Apt. #, etc. 01172007 Chg-P CR2E034 (12/06) Applied For City & State 4. FEI Number Icklawaha Ocklanala 32-0037177 Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired U5A Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Michael LYNCH, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 1309 SÉ 173RD COURT SILVER SPRINGS EL 34488 9771 SE Hwy 464C Zip Code 32/フタ 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. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition ☐ Delete TITLE TITLE Lynch, Michael 9771 S.E. Hay 484C Ocklowale FT 32179 LYNCH, MICHAEL NAME NAME STREET ADDRESS 1309 SE 173RD COURT STREET ADDRESS SILVER SPRINGS, FL 34488 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Addition TITLE F ☐ Channe NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE Delete ☐ 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-7IP 12. I hereby certify that the information supplied with this filling 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. 288-16KZ 760

FILED

Feb 01, 2007 8:00 am