FILED
Apr 11, 2005 8:00 am
Secretary of State
02-16-2005 90043 022 ***163.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000078938

1. Entity Name

MACKE AND MOBY, INCORPORATED

66009263

Principal Place of Business	Mailing Address
P.O. BOX 4082 FORT PIERCE FL 34948	P.O. BOX 4082 FORT PIERCE FL 34948

2. Principal Place of Business	3. Mailing Address
~~P.O. Box 4082~~	~~3907 Avenue L~~ P.O. Box 4082
Suite, Apt. #, etc. 3907 Avenue L	Suite, Apt. #, etc. Ft Pierce
City & State Fort Pierce, FlA	City & State FlA
Zip 34947 Country St Lucie	Zip 34948 Country St Lucie

1st MOORE CR2E034 (10/04)

4. FEI Number 76-0741902 ☐ 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
THOMAS, CECELIA A P.O. BOX 4087 FORT PIERCE FL 34948	Name Cecelia A Thomas Street Address (P.O. Box Number is Not Acceptable) 3907 Avenue L 3907 Avenue L City Fort Pierce FL Zip Code 34947

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 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 Trust Fund Contribution. ☑ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FREDERICK, MAXINE E P.O. BOX 4082 FORT PIERCE FL 34948	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, CECELIA A P.O. BOX 4082 FORT PIERCE FL 34948	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Cecelia Anne Thomas 02-01-05 772-461-1315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #