2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000096271

1. Entity Name

MACK CONTROL SOLUTIONS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 783127 WINTER GARDEN FL 34778-3127	P.O. BOX 783127 WINTER GARDEN FL 34778-3127

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
PO Box 783127	PO Box 783127
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Garden, Fl	City & State: WINTER GARDEN, FL
Zip: 34778-3127 Country: USA	Zip: 34778-3127 Country: USA

4. FEI Number 22-3871212 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STEINBERG, CHARLES L
2869 S DELANEY AVE
ORLANDO FL 32806

7. Name and Address of New Registered Agent

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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	DP MACK, BRIAN L 15501 PEBBLE RIDGE ST WINTER GARDEN FL 34787	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000471858 03/29/06-80013-016 150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST MACK, ANGELIA 15501 PEBBLE RIDGE ST WINTER GARDEN FL 34787	☐ 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
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 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: Angelia Mack V.P 3/14/06 407-905-26