2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 27, 2004 8:00 am Secretary of State **DOCUMENT # P02000113808** 1. Entity Name 04-27-2004 90069 031 ***150.00 BRIAN K. MACK; INC. Principal Place of Business . . Mailing Address 44102 OUTBACK TR. 44102 OUTBACK TR. CALLAHAN FL 32011 CALLAHAN FL 32011 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 42-1551891 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MACK, BRIAN K Street Address (P.O. Box Number is Not Acceptable) 2617 MAUDE STREET CALLAHAN FL 32011 Zip Code FL 8. The above named entire summits 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 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Change ☐ Addition MACK, BRIAN:K NAME NAME STREET ADDRESS 44102 OUTBACK TR. STREET ADDRESS CITY-ST-ZIP CALLAHAN FL 32011 CITY-ST-ZIP Delete TITLE ? TITLE ☐ Change ☐ Addition NAME MACK, RONALD P NAME STREET ADDRESS 2657 MAUDE ST. STREET ADDRESS CITY-ST-ZIP CALLAHAN FL 32011 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME ... NAME__ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITE F Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE

FILED