

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000003975

Entity Name: MACKIN & ASSOCIATES, INC.

FILED
Jan 04, 2005
Secretary of State

Current Principal Place of Business:

945 COBBLESTONE LANE
TARPONS SPRINGS, FL 34688

New Principal Place of Business:

Current Mailing Address:

945 COBBLESTONE LANE
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 04-3734480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACKIN, COLLEEN
945 COBBLESTONE LANE
TARPON SPRINGS, FL 34688 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: GARCIA, WAYNE
Address: 3302 WALLCRAFT AVENUE
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: MACKIN, COLLEEN
Address: 945 COBBLESTONE LANE
City-St-Zip: TARPON SPRINGS, FL 34688

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MACKIN, COLLEEN
Address: 945 COBBLESTONE LANE
City-St-Zip: TARPON SPRINGS, FL 34688

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLLEEN MACKIN

D

01/04/2005

Electronic Signature of Signing Officer or Director

Date