

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90344 046 ***150.00

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04052004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000009565	
1. Entity Name PATRICK MACK, INC.	



Principal Place of Business 130 VERA CRUZ DRIVE UNIT 728 PONTE VEDRA, FL 32082	Mailing Address 130 VERA CRUZ DRIVE UNIT 728 PONTE VEDRA, FL 32082
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2. Principal Place of Business 149 Village Green Ave Suite, Apt. #, etc.	3. Mailing Address 149 Village Green Ave Suite, Apt. #, etc.
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City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32259	Zip 32259
Country US	Country US

4. FEI Number 113673732	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MACK, PATRICK 130 VERA CRUZ DRIVE UNIT 728 PONTE VEDRA, FL 32082	
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7. Name and Address of New Registered Agent Name Patrick Mack Street Address (P.O. Box Number is Not Acceptable) 149 Village Green Ave City Jacksonville FL Zip Code FL	
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8. The above named entity certifies 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 DATE 4-5-04	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PT	<input type="checkbox"/> Delete
NAME MACK, PATRICK	
STREET ADDRESS 130 VERA CRUZ DRIVE UNIT 728	
CITY-ST-ZIP PONTE VEDRA, FL 32082	
TITLE VS	<input type="checkbox"/> Delete
NAME KRELL, SCOTT W	
STREET ADDRESS 130 VERA CRUZ DRIVE UNIT 728	
CITY-ST-ZIP PONTE VEDRA, FL 32082	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Patrick Mack	
STREET ADDRESS 149 Village Green Ave	
CITY-ST-ZIP Jacksonville, FL 32259	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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, with all other like empowered.	
SIGNATURE	DATE 4-5-04 (904) 476-9792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	