

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000091869

1. Entity Name
MAKO PRODUCTS, INC.



Principal Place of Business
**10197 SE 144TH PL
SUMMERFIELD, FL 34491**

Mailing Address
**10197 SE 144TH PL
SUMMERFIELD, FL 34491**



04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1616901

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KLEIN, JORDAN JR
10197 SE 144TH PL
SUMMERFIELD, FL 34491**

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KLEIN, JORDAN JR
STREET ADDRESS	10197 SE 144TH PL
CITY-ST-ZIP	SUMMERFIELD, FL 34491

TITLE	D
NAME	KLEIN, JORDAN SR
STREET ADDRESS	10197 SE 144TH PL
CITY-ST-ZIP	SUMMERFIELD, FL 34491

TITLE	
NAME	
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CITY-ST-ZIP	

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04/14/05-80073-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORDAN KLEIN 4-13-05 352-288-6060

Date

Daytime Phone #