

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 10, 2006 08:00 AM  
Secretary of State

<b>DOCUMENT # P04000028837</b> 1. Entity Name <b>MICHAEL DAVIE MACK, INC.</b>																																																																																																																	
Principal Place of Business <b>50 HEMLOCK DR OCALA FL 34472</b>			Mailing Address <b>50 HEMLOCK DR OCALA FL 34472</b>																																																																																																														
2. Principal Place of Business Suite, Apt. #, etc. <b>NA</b>			3. Mailing Address Suite, Apt. #, etc. <b>NA</b>																																																																																																														
City & State Zip Country			City & State Zip Country																																																																																																														
4. FET Number <b>54-2143401</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fes Required</b>																																																																																																													
6. Name and Address of Current Registered Agent  <b>MACK, MICHAEL D 50 HEMLOCK DR OCALA FL 34472</b>			7. Name and Address of New Registered Agent Name <b>NA</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <b>NA</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>																																																																																																																	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Added to Fee</b>																																																																																																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MACK, MICHAEL D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>50 HEMLOCK DR</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>OCALA FL 34472</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> Delete	NAME	MACK, MICHAEL D		STREET ADDRESS	50 HEMLOCK DR		CITY- ST- ZIP	OCALA FL 34472		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			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NA</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NA	<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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: *Michael Davie Mack* Michael Davie Mack 4-07-06 352 266-241