2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # P0400092728 1. Entity Name MAC PELKEY, INC.					05-02-2005	90547 004 ***	
Principal Place	e of Business	Mailing Address		٠.,			
931 SUNSWEPT RD NE 931 SUNSWEPT RD NE PALM BAY, FL 32905 PALM BAY, FL 32905					014947	::	B. 18211101 11 1111
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04292005	Chg-P	CR2E034 (10/	03)
City & State		City & State		4. FEI Numb	1260255		Applied For Not Applicable
Zip	Country	Zip	Country		of Status Desired	□ \$8.75 Fee Rec	Additional ulred
	6. Name and Address of Curre	nt Registered Agent		7. Name and	Address of New F	Registered Agent	
DELVEY .			Name	•			
PELKEY, MALCOLM 931 SUNSWEPT RD NE PALM BAY, FL 32905			Street Address	s (P.O. Box Numb	er is Not Acceptabl	е)	· · · · · · ·
	.,						
ļ			City			FL Zip	Code
	named entity submits this statementions of registered agent.	t for the purpose of changing its r	egistered office or regis	tered agent, or bo	th, in the State of Fl	orida. I am familiar v	vith, and accept
-							
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	Registered Agent signature requ	ired when reinstaling)		DATE	
• •		•					
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$55	9. Election Campaig Trust Fund Contri		55.00 May Be dded to Fees			
	ay 1, 2005 Fee will be \$55	T . C . C		dded to Fees	/CHANGES TO OFF	FICERS AND DIRECT	TORS IN 11
10.	ay 1, 2005 Fee will be \$55 OFFICERS AI	0.00 Trust Fund Contr	11. TILE	dded to Fees	/CHANGES TO OFF	CERS AND DIREC	
After Ma	OFFICERS AID PELKEY, MALCOLM	0.00 Trust Fund Contri ND DIRECTORS	bution.	dded to Fees	CHANGES TO OFF		
10. TITLE NAME	ay 1, 2005 Fee will be \$55 OFFICERS AI	0.00 Trust Fund Contri ND DIRECTORS	11. TITLE NAME	dded to Fees	CHANGES TO OFF		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE	OFFICERS AID PELKEY, MALCOLM 931 SUNSWEPT RD NE	0.00 Trust Fund Contri ND DIRECTORS	11. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE	dded to Fees	/CHANGES TO OFF		nge 🔲 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME	OFFICERS AID PELKEY, MALCOLM 931 SUNSWEPT RD NE	O.00 Trust Fund Contri	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	dded to Fees	/CHANGES TO OFF	☐ Chai	nge 🔲 Addition
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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 eath; 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05

95/->4/4 Daytime Phone #