2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State
02-21-2006 90015 034 ***150.00

DOCUMENT # P04000135295

1. Entity Name
J K MACK INC

Principal Place of Business	Mailing Address
11625 W ATLANTIC BLVD SUITE 35 CORAL SPRINGS, FL 33071 US	11625 W ATLANTIC BLVD SUITE 35 CORAL SPRINGS, FL 33071 US

01232006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
12225 NW 48th Dr	12225 NW 48th Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs, FL	City & State: Coral Springs, FL
Zip: 33076 Country: USA	Zip: 33076 Country: USA

4. FEI Number 20-1672279 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MACK, JOHN K
11625 W ATLANTIC BLVD
SUITE 35
CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 12225 NW 48th Dr.
City Coral Springs FL Zip Code 33076

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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MACK, JOHN K 11625 W ATLANTIC BLVD SUITE 35 CORAL SPRINGS, FL 33071 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition P Mack, John K 12225 NW 48th Dr Coral Springs, FL 33076
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: [signature] J Kevin Mack - President 1/23/06 954-464-3596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #