2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State
04-22-2008 90014 030 ***150.00

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1. Entity Name
5 MACK, INC.

Principal Place of Business	Mailing Address
6080 US 1 NORTH ST. AUGUSTINE, FL 32095	6080 US 1 NORTH ST. AUGUSTINE, FL 32095

400150--

03152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2197212
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CUMBERLAND, HEATHER M
115 PROFESSIONAL DRIVE
SUITE 101
PONTE VEDRA BEACH, FL 32082

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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: _____ 3/30/08
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, 2008 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	MCQUARRY, CLINTON J * Note
STREET ADDRESS	6080 US 1 NORTH Change of
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095
TITLE	D
NAME	MCQUARRY, JOHN A
STREET ADDRESS	9836 BEACH BLVD address
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	
NAME	McQuarry, Clinton
STREET ADDRESS	3816 Ponce de Leon Blvd
CITY-ST-ZIP	St. Augustine, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ Clint McQuarry 3/31/08 904 298-9856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #