

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000058684

1. Entity Name
MACK PLUMBING CONTRACTORS, INC.



Principal Place of Business
**1132 KNOBB HILL DR
JACKSONVILLE, FL 32221**

Mailing Address
**1132 KNOBB HILL DR
JACKSONVILLE, FL 32221**



01062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4778750	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCLAIN, THADDIOUS
1132 KNOBB HILL DR
JACKSONVILLE, FL 32221**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U000000781238
01/15/08-80026-009 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	THADDIOUS, MCLAIN JR
STREET ADDRESS	1132 KNOBB HILL DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32221

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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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: Thaddious McLain Jr Thaddious McLain Jr. JAN 05 2008 (904)591-6463

SIGNATURE AND TYPED OR PRINTED NAME OF SHOWING OFFICER OR DIRECTOR

Date

Daytime Phone #