


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

02-21-2007 90026 025 ***150.00

DOCUMENT #P06000120304			
1. Entity Name MACK'S CARRIER SERVICES, INC.			
Principal Place of Business 2051 TERRYWOOD DRIVE TALLAHASSEE, FL 32311		Mailing Address 2051 TERRYWOOD DRIVE TALLAHASSEE, FL 32311	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BRUCE, SHARON P 2051 TERRYWOOD DRIVE TALLAHASSEE, FL 32311		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PVST BRUCE, SHARON P 2051 TERRYWOOD DRIVE TALLAHASSEE, FL 32311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 <u>Sharon Bruce</u>		Date <u>2-13-07</u> Daytime Phone # <u>858942442</u>	



02132007 Chg-P CR2E034 (12/06)

4. FEI Number 601-1509637 Applied For
Not Applicable

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