

2008 FOR PROFIT CORPORATION ANNUAL REPORT

03-25-2008 90013 025 ***150.00

DOCUMENT # <u>P07000012028</u> 1. Entity Name 0000000000 <u>Mac, Inc.</u> <u>MAC ARTS INC.</u>			
Principal Place of Business 6523 STONINGTON DRIVE TAMPA, FL 33647 US		Mailing Address 6523 STONINGTON DRIVE TAMPA, FL 33647 US	
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
4. FEI Number <u>26-0678824</u>		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent 0000000000 6523 STONINGTON DRIVE TAMPA, FL 33647		7. Name and Address of New Registered Agent Name <u>CAMERON SOKOLIK</u> Street Address (P.O. Box Number is Not Acceptable) <u>6523 Stonington Dr.</u> City <u>Tampa</u> FL Zip Code <u>33647</u>	
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: <u>Vicki Sokolik for Cameron Sokolik</u> <u>3/18/08</u> (NOTE: Registered Agent signature required when renewing) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SOKOLIK, CORI 6523 STONINGTON DRIVE TAMPA, FL 33647	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES SOKOLIK, JOEL 6523 STONINGTON DRIVE TAMPA, FL 33647	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT SOKOLIK, VICKI 6523 STONINGTON DRIVE TAMPA, FL 33647	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SOKOLIK, CORI 6523 STONINGTON DRIVE TAMPA, FL 33647	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition
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>Vicki Sokolik</u>		<u>3/18/08</u> <u>813975175</u>	

FILED
08 APR 11 AM 7:43
CLERK OF STATE
TALLAHASSEE, FLORIDA

01252008 Chg-P CR2E034 (12/06)