

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P36974

1. Entity Name  
MAYACK CUSTOM FURNITURE, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 19 PM 1:37

Principal Place of Business  
1228 VISCAYA  
SUITE B  
CAPE CORAL, FL 33990 US

Mailing Address  
1228 VISCAYA  
SUITE B  
CAPE CORAL, FL 33990 US

2. Principal Place of Business  
1013-A SE 12th Ave.

3. Mailing Address  
1013-A SE 12th Ave.

Suite, Apt. #, etc.

10162005 Chg-P CR2E034 (10/03)

City & State  
CAPE CORAL FL

City & State  
CAPE CORAL FL

4. FEI Number  
38-2681845

Applied For  
Not Applicable

Zip  
33990

Country  
LCC

Zip  
33990

Country  
LCC

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

6. Name and Address of Current Registered Agent  
MAYACK, MICHAEL A.  
1228 VISCAYA  
SUITE B  
CAPE CORAL, FL 33990

7. Name and Address of New Registered Agent  
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 Michael A. Mayack DATE 10-14-05

(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

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	CFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAYACK, MICHAEL A.		NAME		
STREET ADDRESS	5216 S.W. 24TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP		600060773376 10/19/05--01047--006 **\$61.25
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAYACK, MICHAEL J		NAME		
STREET ADDRESS	620 SW 21ST LANE		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33991		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAYACK, MICHELE		NAME		CEO Michele Leigh Mayack
STREET ADDRESS	1156-204 HANCOCK CREEK SOUTH		STREET ADDRESS		1156-204 Hancock Creek South
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903		CITY-ST-ZIP		CAPE CORAL FL 33903
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME		VP Robert W. Hueth
STREET ADDRESS			STREET ADDRESS		1156-204 Hancock Creek South
CITY-ST-ZIP			CITY-ST-ZIP		CAPE CORAL FL 33903
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael A. Mayack DATE 10-14-05 DAYTIME PHONE # 239-458-2225

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)