2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000056597

1. Entity Name
WAREMAC, INC.

Principal Place of Business	Mailing Address
1499 SW 30TH AVENUE SUITE 16 BOYNTON BEACH, FL 33426	1499 SW 30TH AVENUE SUITE 16 BOYNTON BEACH, FL 33426

DO NOT WRITE IN THIS SPACE

03302005   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-3332099	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

MACKEY, DAVID E III
1499 SW 30TH AVENUE
SUITE 16
BOYNTON BEACH, FL 33426

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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

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, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

U00000296001
04/11/05-80005-023 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	PS	
NAME	MACKEY, DAVID E III	
STREET ADDRESS	1499 SW 30TH AVENUE, SUITE 16	
CITY - ST - ZIP	BOYNTON BEACH, FL 33426	
TITLE		
NAME		
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CITY - ST - ZIP		

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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: _David E. Mackey III_   3/31/05   561-738-751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #