

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90043 039 \*\*\*150.00

**DOCUMENT # P95000081264**

1. Entity Name  
**MACKEY HEALTH INSTITUTE, INC.**



Principal Place of Business      Mailing Address

**1900 S OLIVE AVE  
 2ND FLOOR  
 WEST PALM BEACH FL 33401  
 US**

**1900 S OLIVE AVE  
 2ND FLOOR  
 WEST PALM BEACH FL 33401  
 US**

40012914



1st MOORE      CR2E034 (10/04)

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**59-3311353**       Not Applicable

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

    

6. Name and Address of Current Registered Agent

**MACKEY, BONNIE  
 1900 S OLIVE AVE  
 WEST PALM BEACH FL 33401**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      \$5.00 May Be Added to Fees

Trust Fund Contribution.      

10. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> Delete
NAME	<b>MACKEY, <del>BABY</del></b>
STREET ADDRESS	<b>1900 S. OLIVE AVENUE</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>VP HUNTER, <del>CAROL</del></b>
STREET ADDRESS	<b>1900 S OLIVE AVE</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>T MACKEY, SUSAN</b>
STREET ADDRESS	<b>1900 S OLIVE AVE</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P Mackey, Bonnie (correct spelling)</b>
STREET ADDRESS	<b>1900 S. Olive Avenue</b>
CITY-ST-ZIP	<b>West Palm Beach, FL 33401</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VP Hunter, Caren (correct spelling)</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Bonnie Mackey, President*      1/31/05      561.832.1900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #