


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90334 031 ***150.00

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| DOCUMENT # P97000040852 | | | |  | |
| 1. Entity Name BOA MACK, INC. | | | | | |
| Principal Place of Business 2127 GAMMA COURT ORANGE PARK FL 32073 | | | Mailing Address 2127 GAMMA COURT ORANGE PARK FL 32073 | | |
| 2. Principal Place of Business 327-1 PARKRIDGE AVE Suite, Apt. #, etc. | | 3. Mailing Address 327-1 PARKRIDGE AVE Suite, Apt. #, etc. | | | |
| City & State ORANGE PARK FL | | City & State ORANGE PARK, FL | | 4. FEI Number 59-3472885 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| Zip 32065 | Country CLAY | Zip 32065 | Country CLAY | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KESTING, DOUGLAS 2127 GAMMA COURT ORANGE PARK FL 32073 | | | 7. Name and Address of New Registered Agent Name: KESTING DOUGLAS Street Address (P.O. Box Number if Not Acceptable): 327-1 PARKRIDGE AVE City: ORANGE PARK FL Zip Code: 32065 | | |
| 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 reinstating)</small> DATE _____ | | | | | |
| 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 Trust Fund Contribution. <input type="checkbox"/> Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KESTING, DOUGLAS 2127 GAMMA COURT ORANGE PARK FL 32073 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KESTING, MARY 2127 GAMMA COURT ORANGE PARK FL 32073 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KESTING, CHRISTOPHER 221 LORING CT ORANGE PARK FL 32073 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 217 LORING CT | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

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: Mary Kesting MARY KESTING 4/14/5 (904) 276-7737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #