

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000049635

1. Entity Name
MACKMIL, INC.



Principal Place of Business
**3301 OLD WAILES ROAD
LAKE WALES, FL 33898**

Mailing Address
**3301 OLD WAILES ROAD
SUITE 118
LAKE WALES, FL 33898**



04082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0759650

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MACKAIL, RON T
3301 OLD WAILES ROAD
LAKE WALES, FL 33853**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000912468
05/07/08-80081-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	PDVP
NAME	MACKAIL, RON T
STREET ADDRESS	636 U.S. HIGHWAY ONE, #118
CITY- ST- ZIP	NORTH PALM BEACH, FL 33408
TITLE	TS
NAME	MACKAIL, RON T
STREET ADDRESS	636 U.S. HIGHWAY ONE, #118
CITY- ST- ZIP	NORTH PALM BEACH, FL 33408
TITLE	D
NAME	MACKAIL, KAREN
STREET ADDRESS	3301 OLD WAILES RD
CITY- ST- ZIP	LAKE WALES, FL 33853
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Ron Mackail Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

863-676-8558

Date

Daytime Phone #