


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90026 010 ***150.00

DOCUMENT # P97000101008	
1. Entity Name NEWMACK, INC.	

Principal Place of Business 680 2 AVE STE 301 NAPLES FL 34102	Mailing Address 680 2 AVE STE 301 NAPLES FL 34102
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2. Principal Place of Business 801 LAUREL OAK DR SUITE 415 NAPLES, FL 34108	3. Mailing Address 801 LAUREL OAK DRIVE SUITE 415 NAPLES, FL 34108
City & State NAPLES, FL 34108	City & State NAPLES, FL 34108
Zip 34108	Country US



MOORE CR2E034 (11/03)

4. FEI Number 59-2377888	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MACK, PATRICE C 680 2 AVE STE 301 NAPLES FL 34102	7. Name and Address of New Registered Agent MACK, PATRICE C 801 LAUREL OAK DRIVE SUITE 415 NAPLES FL 34108
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE DR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MACK, PATRICE C		NAME MACK, PATRICE C.	
STREET ADDRESS 680 2 AVE STE 301		STREET ADDRESS 801 LAUREL OAK DRIVE	
CITY-ST-ZIP NAPLES FL 34102		CITY-ST-ZIP STE 415, NAPLES, FL 34108	
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	
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: Patrice C Mack 2/3/04 239-254-0535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #