

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000019299

Entity Name: MCPACK SERVICES, INC.

FILED  
Sep 08, 2004  
Secretary of State

## Current Principal Place of Business:

3539 APALACHEE PARKWAY  
#3  
TALLAHASSEE, FL 32311

## New Principal Place of Business:

## Current Mailing Address:

3539 APALACHEE PARKWAY  
#3  
TALLAHASSEE, FL 32311

## New Mailing Address:

FEI Number: 59-3499115

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BREWSTER, JAMES R ESQ  
547 N MONROE STREET  
ST3 203, THE WALKER BLDG  
TALLAHASSEE, FL 32301

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MCMURRAY, DOUGLAS A  
Address: 1738 BROKEN BOW TRAIL  
City-St-Zip: TALLAHASSEE, FL 323123676

Title: D ( ) Delete  
Name: MCMURRAY, KIMBERLY D  
Address: 1738 BROKEN BOW TRAIL  
City-St-Zip: TALLAHASSEE, FL 323123676

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY D. MCMURRAY

D

09/08/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date