## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 16, 2006 08:00 AM DOCUMENT # P98000072396 **Secretary of State** 1. Entity Name COMAC SERVICES, INC. Principal Place of Business Mailing Address 9278 GOTHA ROAD WINDERMERE FL 34786 9278 GOTHA ROAD WINDERMERE FL 34786 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE GR2E034 (10/05) Applied For 4. FEI Number City & State City & State 59-3535227 Not Applicat Country \$8.75 Additional Zip Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHERRARD, P.H. 9278 GOTHA ROAD Street Address (P.O. Box Number is Not Acceptable) WINDERMERE FL 34786 Zia Cade 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 acceptable acceptable agent. the obligations of registered agent. SIGNATURE DATE Sign-ture typed or printed name of registered agent and title if applicable (NOTE: Registered Agen) signature industed when constating) FILE NOWII! FEE IS \$150.00 \$5.00 May E. 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. | | Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Adiga... םוֹ ☐ Delete TITLE TIFLE U00000468766 NAME NAME SHERRARD, P.H. 03/25/06-80003-002 150.00 STREET ADDRESS STREET ADDRESS 9278 GOTHA ROAD CITY-ST-ZIP WINDERMERE FL 34786 CITY-SI-78 Change The particular Detete TITLE MILE NAME SHERRARD, SHARON NAM STREET ADDRESS STREET ADDRESS 9278 GOTHA ROAD CITY-ST-ZIP CITY ST- ZIP WINDERMERE FL 34786 ☐ Change Addition MIL ☐ Defete THEE 410006 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GITY-ST-ZW Change Addition 🔲 FIGUR Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-IN Detete Addition Addition Change TITLE 1111 5 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S7-7/P Change Addition IIILL ☐ Detete THEE NAME MAAR STREET ADDRESS STREL! ADDRESS CITY - ST- ZIP City-St-ZiP

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it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PH. Administ P.H. Sherrard 3-3-06 467-521-6906

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, (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 path; 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