

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000008894		
1. Entity Name MACKMIN INSURANCE GROUP, INC.		
Principal Place of Business 1581 GALLEON AVENUE MARCO ISLAND, FL 34145 CO	Mailing Address P.O. BOX 2526 MARCO ISLAND, FL 34146	
DO NOT WRITE IN THIS SPACE		



04022008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0889027	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MACKMIN, RAYMOND 1581 GALLEON AVE. MARCO ISLAND, FL 34145		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 _____ (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	U00000915687 05/09/08-80025-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKMIN, RAYMOND P.O. BOX 2526 MARCO ISLAND, FL 34146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKMIN, DEBORAH P.O. BOX 2526 MARCO ISLAND, FL 34146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] **Ray Mackmin** 4/18/08 239-389-9295