2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S52563

Title:

Name:

Address:

City-St-Zip:

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LICHTENBERGER, PATRI, CIA

ST PETERSBURG, FL 33707

7957 9TH AVE S

FILED Jun 29, 2006 Secretary of State

Entity Nam	ne: MAKO'S 1	FACKLE SUPPLY, INC.		•	
Current Pr	incipal Place	of Business:	New Principal Place o	of Business:	
12504 STAI LARGO, FL	RKEY ROAD . 33773 US	}			
Current Ma	ailing Addres	s:	New Mailing Address	New Mailing Address:	
12504 STAI LARGO, FL	RKEY ROAD . 33773 US	3			
FEI Number:	59-3082621	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of	New Registered Agent:	
ROWAN, JAMES J. 3839 4TH ST N SUITE 390 ST PETERSBURG, FL 33703 US			12504 STARKEY RD		
The above in the State		submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: ERICH T LICHTENBERGER				06/29/2006	
Electronic Signature of Registered Agent			nt	Date	
		3(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () LICHTENBERG 7957 9TH AVE S ST PETERSBUR	5	Title: (Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	D () LICHTENBERGI 518 WINTERS O PALM CITY, FL		Title: (Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Title:

Name: Address:

City-St-Zip:

SIGNATURE: PATRICIA K LICHTENBERGER O 06/29/2006

() Change () Addition