May-15-07 02:50P LANEY'S ACCOUNTING 85

FILED
Jun 13, 2007 8:00 am
Secretary of State

05-18-2007 90027 011 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S57964

1. Entity Name
GACK CORP. OF PENSACOLA

66019010

Principal Place of Business	Mailing Address
6841 N NINTH AVENUE PENSACOLA, FL 32504	6841 N NINTH AVENUE PENSACOLA, FL 32504

2. Principal Place of Business No P.O. Box #
Suite, Apt #, etc
City & State
Zip / Country

3. Mailing Address
Suite, Apt. #, etc
City & State
Zip / Country

05152007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3070259 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANEY, ROGER L III
1378 RAILROAD AVE
CHIPLEY, FL 32428

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 [signature] — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE [5/17/07]

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DPT	☐ Delete
NAME	DRISCOLL, GENE E	
STREET ADDRESS	6841 N NINTH AVENUE	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	DSV	☐ Delete
NAME	DRISCOLL, KERRY S	
STREET ADDRESS	6841 N NINTH AVENUE	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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] [DIRSEC] [5/17/07]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #