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Apr 16, 2008 8:00 am
Secretary of State
03-28-2008 90042 018 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S57964
1. Entity Name
GACK CORP. OF PENSACOLA

66006836

01222008 Chg-P CR2E034 (12/06)

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 #	3. Mailing Address
8090 N. 9th Ave	8090 N. 9th Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola, FL	City & State: Pensacola, FL
Zip: 32514 Country: USA	Zip: 32514 Country: USA

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	7. Name and Address of New Registered Agent
LANEY, ROGER L III 1378 RAILROAD AVE CHIPLEY, FL 32428	Name: Nadell L. Renaud Street Address (P.O. Box Number is Not Acceptable): 8090 N. 9th Ave. City: Pensacola FL Zip Code: 32514

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: Nadell L. Renaud DATE: 4/14/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DRISCOLL, GENE E 6841 N NINTH AVENUE PENSACOLA, FL 32504	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 8090 N. 9th Ave. Pensacola, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV DRISCOLL, KERRY S 6841 N NINTH AVENUE PENSACOLA, FL 32504	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 8090 N. 9th Ave Pensacola, FL 32514
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 4/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #