

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000005757

**FILED  
May 07, 2008  
Secretary of State**

**Entity Name:** MACK FARMS, INC.

**Current Principal Place of Business:**

28501 HWY 60 EAST  
LAKE WALES, FL 33898

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1077  
LAKE WALES, FL 33859

**New Mailing Address:**

**FEI Number:** 63-0683045      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MACK, ARNOLD H  
2660 CLUB HOUSE DR  
LAKE WALES, FL 33853      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MACK, ARNOLD H  
Address: 2660 CLUB HOUSE DR  
City-St-Zip: LAKE WALES, FL

Title: VP ( ) Delete  
Name: MACK, HUEY A  
Address: PO BOX 656  
City-St-Zip: ROBERTSDALE, AL 36567

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: ARNOLD H. MACK

PRES

05/07/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date