

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90021 043 ***150.00

DOCUMENT # 228455

1. Entity Name

MACH PROPERTIES INC



Principal Place of Business

2600 DOUGLAS ROAD
1109 DOUGLAS CENTRE BUILDING
CORAL GABLES FL 33134

Mailing Address

18125 NW 81ST COURT
PALM SPRINGS NORTH FL 33015



2. Principal Place of Business - No P.O. Box #

18125 NW 81st Court

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Palm Springs North, Fla.

City & State

City & State

33015

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-6076287

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~CATLIN, JR., H. JAMES~~
~~2600 DOUGLAS ROAD~~
~~1109 DOUGLAS CENTRE BUILDING~~
~~CORAL GABLES FL 33134~~

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, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when submitting)

DATE

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PTD**
STREET ADDRESS **MCLENDON, ANDREW C**
CITY-ST-ZIP **18125 N.W. 81ST COURT**
PLAM SPRINGS NORTH FL 33015

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **CATLIN, H.J., JR.**
CITY-ST-ZIP **2600 DOUGLAS ROAD**
CORAL GABLES FL 33133-1

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MCLENDON, FRANCES E**
CITY-ST-ZIP **18125 N W 81ST COURT**
PALM SPRINGS NORTH FL 33015

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 **SD**
STREET ADDRESS **CATLIN, H.J., JR.**
CITY-ST-ZIP **1792 Lake Monia Drive**
The Villages, Florida 32162

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

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

TITLE ☐ Change ☐ Addition
NAME
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 Section 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: *Andrew C. M. McLe...*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/08 *305 823-6245*
Date Daytime Phone #