


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # 607358	
1. Entity Name MCH ENTERPRISES, INC.	

Principal Place of Business 13786 PLEASANT VALLEY DR. JACKSONVILLE, FL 32225	Mailing Address 13786 PLEASANT VALLEY DR. JACKSONVILLE, FL 32225
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DO NOT WRITE IN THIS SPACE

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04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1876099	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

JACKINS, L. LANE
13786 PLEASANT VALLEY DR.
JACKSONVILLE, FL 32225

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACKINS, MAJORIE K 13786 PLEASANT VALLEY JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACKINS, JENNIFER K 13786 PLEASANT VALLEY JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKINS, MARY LANE 13786 PLEASANT VALLEY JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKINS, L. LANE 13786 PLEASANT VALLEY JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/29/05-80057-019 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Maryn K. Jacki **4/23/05** **904-221-5540**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #