

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90100 010 ***150.00

DOCUMENT # G86702

1. Entity Name

M. P. SPYCHALA & ASSOCIATES, INC.



Principal Place of Business

240 PINE AVENUE NORTH
OLDSMAR, FL 34677

Mailing Address

240 PINE AVENUE NORTH
OLDSMAR, FL 34677

40076711



04172007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2372451

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPYCHALA, MICHAEL P.
240 PINE AVE NUE NORTH
OLDSMAR, FL 34677

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SPYCHALA, MICHAEL
STREET ADDRESS 15908 NORTHLAKE VILLAGE
CITY-ST-ZIP ODESSA, FL

TITLE ST
NAME SPYCHALA, JANICE M.
STREET ADDRESS 15908 NORTHLAKE VILLAGE
CITY-ST-ZIP ODESSA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael P. Spychala

4/20/07

813 855 2721

Date

Daytime Phone #