


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90058 021 ***150.00

DOCUMENT # L11079 1. Entity Name MUNCH AND MUNCH, P.A.					
Principal Place of Business 212 SOUTH MAGNOLIA AVE TAMPA, FL 33606 US				Mailing Address 212 SOUTH MAGNOLIA AVE TAMPA, FL 33606 US	
2. Principal Place of Business - No P.O. Box # 600 South Magnolia Ave.		3. Mailing Address 600 South Magnolia Ave.			
Suite, Apt. #, etc. 325		Suite, Apt. #, etc. 325			
City & State Tampa FL		City & State Tampa FL			
Zip 33606		Country USA		Zip 33606	
Country USA		Country USA			
4. FEI Number 59-2962421				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MUNCH, JACOB J. 212 SOUTH MAGNOLIA AVE TAMPA, FL 33606				7. Name and Address of New Registered Agent Name Munch, Jacob J. Street Address (P.O. Box Number is Not Acceptable) 600 South Magnolia Ave. #325 City Tampa FL Zip Code 33606	
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: <i>Jacob Munch</i> Jacob Munch 1 March 2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD MUNCH, JACOB J. 606 RIVIERA DR TAMPA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MUNCH, KIM W. 606 RIVIERA DR TAMPA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <i>Jacob Munch</i> JACOB MUNCH 1 March 2007 8132541557 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



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