

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # M76156

1. Entity Name
MCF PROPERTIES, INC.



Principal Place of Business

% ROBERT C. KLEIN
5094 SE FEDERAL HWY
STUART, FL 34997 US

Mailing Address

% ROBERT C. KLEIN
505 S.E. ST. LUCIE BLVD.
STUART, FL 34996

DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0044071 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLEIN, ROBERT C.
505 S.E. ST. LUCIE BLVD.
STUART, FL 34996

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	FRISCH, SIDNEY JR.
STREET ADDRESS	14 N. PEORIA ST., SUITE 2E
CITY-ST-ZIP	CHICAGO, IL 60607
TITLE	DVS
NAME	KLEIN, ROBERT C.
STREET ADDRESS	505 S.E. ST. LUCIE BLVD.
CITY-ST-ZIP	STUART, FL
TITLE	D
NAME	FRISCH, DEBORAH A.
STREET ADDRESS	14 N. PEORIA ST., SUITE 2E
CITY-ST-ZIP	CHICAGO, IL 60607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/24/06-80086-018 150.00

**DO NOT WRITE
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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: Robert C. Klein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/06 772-286-2023
Date Daytime Phone #