

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000114112

Entity Name: MCHYL ENTERPRISES, INC.

FILED  
Jan 05, 2004  
Secretary of State

## Current Principal Place of Business:

5132 TAMPA WEST BLVD.  
SUITE B  
TAMPA, FL 33634

## New Principal Place of Business:

## Current Mailing Address:

5132 TAMPA WEST BLVD.  
SUITE B  
TAMPA, FL 33634

## New Mailing Address:

FEI Number: 59-3362951

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MCLAREN, THOMAS  
Address: 1211 LORETTO CR.  
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Delete  
Name: HYLTON, SHEAN  
Address: 2008 GOLD DUST COURT  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D ( ) Delete  
Name: KISER, RONALD L  
Address: 6126 SEASIDE DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34652

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS MCLAREN

D

01/05/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date