

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000126395

1. Entity Name
MAHC, INC.



Principal Place of Business
16420 IOLA WOODS TRAIL
DADE CITY, FL 33525

Mailing Address
16420 IOLA WOODS TRAIL
DADE CITY, FL 33525



03122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0362391

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NEWLON, JONATHAN W
14141 5TH STREET
DADE CITY, FL 33525

**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/S
NAME MEYERS, BRET M
STREET ADDRESS 16420 IOLA WOODS TRAIL
CITY-ST-ZIP DADE CITY, FL 33525

TITLE VP/T
NAME MEYERS, SUZANNE M
STREET ADDRESS 16420 IOLA WOODS TRAIL
CITY-ST-ZIP DADE CITY, FL 33525

TITLE AS
NAME NEWLON, JONATHAN W
STREET ADDRESS 14141 5TH STREET
CITY-ST-ZIP DADE CITY, FL 33525

TITLE
NAME
STREET ADDRESS
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04/16/07-80008-014 150.00

**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

4.3.07

Date

813-477-4975

Daytime Phone #