


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P92000004303**

1. Entity Name  
**MACHBITZ ASSOCIATES, INC.**



Principal Place of Business <b>1560 GULF BLVD., SUITE 1607          CLEARWATER, FL 33767 US</b>	Mailing Address <b>1560 GULF BLVD., SUITE 1607          CLEARWATER, FL 33767 US</b>
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**DO NOT WRITE IN THIS SPACE**



01262008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3151850</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MACHBITZ, KELLY  
 1560 GULF BLVD  
 SUITE 1607  
 CLEARWATER, FL 33767**

**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

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

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

U00000877942  
 04/14/08 89935 010 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MACHBITZ, KELLY 1560 GULF BLVD, STE 1607 CLEARWATER, FL 33767</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MACHBITZ, JACK M 1560 GULF BLVD., SUITE 1607 CLEARWATER BEACH, FL 33767</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Jack M Machbitz* **JACK M. MACHBITZ** x 3/10/08 x (727) 596 7914  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone