## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P97000046199** 

1. Entity Name

MACHLUS TAX AND ACCOUNTING, INC.



Principal Place of Business

1538 N.W. 121 DRIVE CORAL SPRINGS, FL 33071 Mailing Address

1538 N.W. 121 DRIVE CORAL SPRINGS, FL 33071

## FILED Mar 13, 2006 8:00 am Secretary of State

03-13-2006 90065 018 \*\*\*150.00



03082006

No Chg-P

CR2E034 (11/05)

 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

MACHLUS, CHARLOTTE 1538 NW 121 DRIVE CORAL SPRINGS, FL 33071

## DO NOT WRITE IN THIS SPACE

				*** *	INO OLAGE
	e named entity submits this statement for the pations of registered agent.	urpose of changing its regist	ered office or r	egistered agent, or both	h, in the State of Florida. I am tamiliar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Regist	ered Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Fir Trust Fund Contributio		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACHLUS, CHARLOTTE 1538 N.W. 121 DRIVE CORAL SPRINGS, FL 33071				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated	certify that the information supplied with this fill on this report or supplemental report is true a	ling does not qualify for the e	exemptions con nature shall ha	ntained in Chapter 119, ve the same legal effect	Florida Statutes. I further certify that the information as if made under oath; that I am an officer or director

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 attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

a 3/8/0

Daytime Phone #