

2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90025 039 ***150.00

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01042008 Chg-P CR2E034 (12/06)

DOCUMENT # P99000000890					
1. Entity Name M.L. SCHILCHER, P.A.					
Principal Place of Business 3410 S DALE MABRY 6816 S. Englewood Avenue TAMPA, FL 33629 33611			Mailing Address PO BOX 10205 TAMPA, FL 33679-0205		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3554774	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SCHILCHER, MONIKA L 3410 S DALE MABRY 6816 S. Englewood Avenue TAMPA, FL 33629 33611				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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: <u>Monika Schilcher</u> (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHILCHER, MONIKA L 3410 S DALE MABRY P.O. Box 10205 TAMPA, FL 33629-33679	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Monika Schilcher</u> 2/1/08 83835-3215					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					