

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90054 025 \*\*\*158.75

40023652



02222007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3589334 Applied For Not Applicable

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORBAL, MICHAEL C 1096 SHADOWMOSS CIRCLE LAKE MARY, FL 32746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HORBAL, BARBARA A 1096 SHADOWMOSS CIRCLE LAKE MARY, FL 32746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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.

DOCUMENT # P99000070079

1. Entity Name  
M. C. H. AND ASSOCIATES, INC.



Principal Place of Business  
109 EAST CRYSTAL LAKE AVE  
SUITE 113  
LAKE MARY, FL 32746

Mailing Address  
109 EAST CRYSTAL LAKE AVE  
SUITE 113  
LAKE MARY, FL 32746

2. Principal Place of Business - No P.O. Box #  
141 PARLIAMENT LOOP  
Suite, Apt. #, etc.

3. Mailing Address  
141 PARLIAMENT LOOP  
Suite, Apt. #, etc.

City & State  
LAKE MARY, FL  
Zip 32746 Country USA

6. Name and Address of Current Registered Agent  
HORBAL, MICHAEL C  
1096 SHADOWMOSS CIRCLE  
LAKE MARY, FL 32746

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

SIGNATURE: *Barbara A. Horbal*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/07  
Date

407-302-7102  
Daytime Phone #