## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 04, 2005 8:00 am Secretary of State DOCUMENT # P99000103162 04-04-2005 90070 050 \*\*\*150.00 M.W. HOUCK ENTERPRISES, INC. Principal Place of Business Mailing Address 15044 89TH AVE N 15044 89TH AVE N PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL-93418 2. Principal Place of Business 3. Mailing Address 8473 159+h 8473 159+h Ct. N. Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & Staten 4. FEI Number Applied For City & State Palm Beach Gardens, FL 65-0972826 Deach Not Applicable Country U.S.A. Country Zip \$8.75 Additional 5. Certificate of Status Desired 33418 U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Michael HOUCK, BELINDA Street Address (P.O. Box Number is Not Acceptable) 15044 89TH AVE N PALM BEACH GARDENS FL 33418 HOUCK MICHAELN, 8473 159+11 Ct. N. 8474 BEACH GARDENS, FL 33418 8473 159+h Ct. N <u>Gardens</u> 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, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State A 70 95 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PVT5 PVT Change TITLE TITLE ☐ Addition ☐ Delete HOUCK MICHAEL HOUCK, MICHAEL NAME NAME 15044 89TH AVE N STREET ADDRESS 8473 159th Ct. N. STREET ADDRESS PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP Delete ☐ Change ☐ Addition HOUCK, BÉLINDA 15044 89TH AVE N STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED