2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000103162

M.W. HOUCK ENTERPRISES, INC.



FILED Mar 13, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

8473 159TH CT N

PALM BEACH GARDENS, FL 33418

8473 159TH CT N PALM BEACH GARDENS, FL 33418



01122006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0972826

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

HOUCK, MICHAEL

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PALM BEACH GARDENS, FL 33418			IN THIS SPACE		
the obligat	named entity submits this statement for the priors of registered agent.	urpose of changing its registered	d office or n	agistered agent, or be	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title fi	applicable (NOTE Registered	Agent signature	required when reinstalling)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees	########462938 03721706-80056-810 150.00
10.	OFFICERS AND DIREC	TORS			,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS HOUCK, MICHAEL 8473 159TH CT N PALM BEACH GARDENS, FL 33418				
TITLE NAME STREET ACCRESS DITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TISLE NAME SIREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CALY-ST-ZAP					
TITLE					

12. Thereby 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.

NAME STREET ADDRESS CITY-ST-ZIP