




2005 FOR PROFIT CORPORATION ANNUAL REPORT. (AR)

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 611558 1. Entity Name NINE ONE MIKE, INC.					
Principal Place of Business 1625 SILVERWOOD CT N. FT. MYERS FL 33905				Mailing Address 1625 SILVERWOOD CT N. FT. MYERS FL 33905	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 1st MOORE CR2E034 (10/04)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1895976 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent INK, STANLEY K 1625 SILVERWOOD CT FT. MYERS FL 33905	
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 _____					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 35%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CLARK, MICHAEL 6441 METRO PLANTATION ROAD FORT MYERS FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> 000000340280 04/28/05-80110-017 150.00 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MCFARLANE, ARNOLD R 7537 CORDOBA CIR NAPLES FL 34109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete INK, STANLEY K 1625 SILVERWOOD CT. NORTH FT.MYERS FL 33903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WELLMAN, R. KAY 7285 POPHAM DR FORT MYERS FL 33919	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Stanley K. Ink April 21, 2005 (239)995-2442					