2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000020942 1. Entity Name RON MIGHELL, INC.							Feb 24, 2004 08:00 AM Secretary of State				
Principal Place of Business 3360 E DALE COURT HERNADO FL 34442				Mailing Address 3360 E DALE COURT HERNADO FL 34442			_			8 8 901 bio na 88	
Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.					#11# 11#11 ##US	sæssz ærmin ill	
									E034 (1		
City & State			City	City & State			4.	59-3628648		ş- <u>-</u>	plied For t Applicable
Zip	Zip Country		Zıp	Zip C		itry	1 5 Certificate of Status Begins 1 1			\$8.75 Additional Fee Required	
	6. Name	and Address of Currer	t Register	ed Agent	110-00	7. 1	Name and Address of New Regist	ered Age	nt		
MIGHELL, RON						Name					<u> </u>
3360 E DALE COURT HERNADO FL 34442						Street Address	(P.O. E	Box Number is Not Acceptable)			=
7,2,30,20,72011,2					City				Zip Cod	<u>. </u>	
8. The above named entity submits this statement for the purpose of changing its register						1			FL		
	tions of regist		tot me pur	cose or changing its	, regioner	ea oxide or regist	ered ag	jern, or dom, in the state of Florida.	i ani iani	ands witter,	and accept
SIGNATURE.	Signature, lyped	or printed name of registered age	nt and title if ap	plicable (NOT	E Rogistere	d Agent signature requir	ed when n	einstating)	DATE .	<u> </u>	 .
Afte	r May 1, 20	!! FEE IS \$150.00 04 Fee will be \$550.00 o Florida Department						Section Campaign Financia Trust Fund Contribution.	ng 🖂		O May Be to Fees
10.		OFFICERS AN	CTORS 11.			ĀΣ	DITIONS/CHANGES TO OFFICER				
TITLE NAME STREET ADDRESS CTTY - ST - ZIP	D MIGHELL, 3360 E DA HERNADO	LE COURT				}		U000000643 02/24/04 -8 000	26 -] Change 150.1	Additio <u>n</u> = =
TITLE NAME STREET ADDRESS CITY - ST - ZIP				☐ Delete	8	1		· •] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	E .					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete] Change	Addition
THEE NAME STREET ADDRESS CITY+ST-ZIP				□ Delete	•	1] Change	☐ Addition
THTLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	Addition
indicated of the co	d on this reportion or t	e information supplied wi rt or supplemental report he receiver or trustee em achment with an address	is true and powered to	d accurate and that it be execute this report	my signa Las requi	emption stated in Stated in State shall have the ired by Chapter 60	Section e same 07, Flor	119.07(3)(i), Florida Statutes, I furth legal effect as if made under oath, ada Statutes, and that my name app	ner certify that I am bears in B	that the in an officer lock 10 o	nformation or director Block 11 if

SIGNATURE: Roy Mighel Roy Mighell 2-20-04 (352)302-8557

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