2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90427 034 ***150.00

DOCUMENT # P03000003839

1. Entity Name
MIRACLE COAST CORPORATION

Principal Place of Business	Mailing Address
1323-B CAPE CORAL PKWY EAST CAPE CORAL, FL 33904	1323-B CAPE CORAL PKWY EAST CAPE CORAL, FL 33904

03032004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
615 Cape Coral Pkwy, West		615 Cape Coral Pkwy. West	
Suite, Apt. #, etc.: Suite 206		Suite, Apt. #, etc.: Suite 206	
City & State: Cape Coral, Florida		City & State: Cape Coral, Florida	
Zip: 33914	Country: Lee	Zip: 33904	Country: Lee

4. FEI Number: 01-0781474 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHUTT, DARRIN R ESQ. 1105 CAPE CORAL PKWY EAST, SUITE C CAPE CORAL, FL 33904	Name: Thomas W. Hill Street Address (P.O. Box Number is Not Acceptable): 1318 Lafayette Street City: Cape Coral FL Zip Code: 33904

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: Thomas W Hill 4-29-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANLIKER, BEAT 1323-B CAPE CORAL PKWY EAST CAPE CORAL, FL 33904	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 615 Cape Coral Pkwy. West Suite 206 Cape Coral, Florida, 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: ✓ B. Anliker 4-29-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #