2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000072959

Entity Name

MICHAEL & NICHOLAS ENTERPRISES INC



FILED Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

10521 REGENT CIRCLE NAPLES, FL 34109 2338 IMMOKALEE RD. NAPLES, FL 34110



DO NOT WRITE IN THIS SPACE

04232008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

4. FEI Number 59-3526664

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRUCK, ANNA 10521 REGENT CIRCLE NAPLES, FL 34109

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the putions of registered agent.	rpose of changing its register	ed office or r	egistered agent, or bot	n, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if a	policable (NOTE: Register)	d Agent signatur	a required when rematating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		\$5.00 May Be Added to Fees	· · · · · · · · · · · · · · · · · · ·
10.	OFFICERS AND DIRECT	ORS	1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUCK, ANNA 10521 REGENT CIRCLE NAPLES, FL 34109				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					05/16/08-80066-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN T	HIS SPACE
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling 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 employered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13.08

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