

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V04646

Entity Name: MIKE FARRIS INC.

FILED  
Apr 14, 2009  
Secretary of State

**Current Principal Place of Business:**

1504 DELAWARE AVE.  
LYNN HAVEN, FL 32444

**New Principal Place of Business:**

**Current Mailing Address:**

1504 DELAWARE AVE.  
LYNN HAVEN, FL 32444

**New Mailing Address:**

FEI Number: 59-3103145      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FARRIS, MIKE  
1504 DELAWARE AVE.  
LYNN HAVEN, FL 32444      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FARRIS, MIKE  
Address: 1504 DELAWARE AVE.  
City-St-Zip: LYNN HAVEN, FL

Title: 1VP ( ) Delete  
Name: FARRIS, JOYCE  
Address: 1504 DELAWARE AVE.  
City-St-Zip: LYNN HAVEN, FL

Title: 2VP ( ) Delete  
Name: BRATZEL, ZAC  
Address: 1813 MICHIGAN AVE.  
City-St-Zip: PANAMA CITY, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: 2VP (X) Change ( ) Addition  
Name: BRATZEL, ZAC  
Address: %201 NORTH 9TH STREET  
City-St-Zip: MARSHALLTOWN, IA 5058

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE FARRIS

D

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date