

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V04646

FILED  
Apr 04, 2011  
Secretary of State

Entity Name: MIKE FARRIS INC.

**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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: MIKE FARRIS

D

04/04/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date