

**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only

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PG 10F2

DOCUMENT # 328962

1. Entity Name

Miracle Radio, Inc.



FILED

11 MAY 17 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

3801 N Pace Blvd

3. Mailing Address

3801 N. PACE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

Pensacola, FL

City & State

PENSACOLA FL

4. FEI Number

Applied For

Not Applicable

Zip

32505

Country

USA

Zip

32505

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

SCHROEDER, Gerald D

Street Address (P.O. Box Number is Not Acceptable)

1700 E. BLOWNT ST

City

PENSACOLA

FL

Zip Code

32503

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$650.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution.

Added to Fees

E-mail Address:

michael.schroeder70@gmail.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	SCHROEDER, GERALD D.
STREET ADDRESS	1700 E. BLOWNT ST
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	TS
NAME	SCHROEDER, GAIL
STREET ADDRESS	1700 E BLOWNT ST
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

~~60020726287~~
05/06/11-01045-007 **150.00

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IN THIS SPACE**

700207809157
05/18/11--01006--001 **150.00

12. I hereby certify that the information supplied with this filing 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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that this information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 827.155 F.S.

SIGNATURE:

JON SCHROEDER, PRES

5-11

850-433-1141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

5/18/11

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 5, 2011

WPNN AM 790
3801 N.PACE BLVD
PENSACOLA, FL 32505

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Andy Dunlap
Document Specialist Supervisor

Letter Number: 411A00011030