


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 511601 1. Entity Name MICA PRODUCTS AND WOOD OF BOCA RATON, INC.					
Principal Place of Business 150 W. GLADES ROAD BOCA RATON FL 33432			Mailing Address 150 W. GLADES ROAD BOCA RATON FL 33432		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
6. Name and Address of Current Registered Agent					
HEINMILLER, GREGORY JOHN 720 NE LAKEVIEW TERR BOCA RATON FL 33431					Name Street Address (P.O. Box Number is Not Acceptable) City
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.					FL Zip Code
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May : Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSTD <input type="checkbox"/> Delete RISLEY, DAVID L 1030 POINSETTIA ROAD DELRAY BEACH FL 33483				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD <input type="checkbox"/> Delete HEINMILLER, GREGORY JOHN 720 NE LAKEVIEW TERRACE BOCA RATON FL 33431				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY- ST- ZIP U000000189948 01/24/05-80116-008 150.00					
<input type="checkbox"/> Change <input type="checkbox"/> Add					
<input type="checkbox"/> Change <input type="checkbox"/> Add					
<input type="checkbox"/> Change <input type="checkbox"/> Add					
<input type="checkbox"/> Change <input type="checkbox"/> Add					
<input type="checkbox"/> Change <input type="checkbox"/> Add					



1st MOORE CR2E034 (10/04)

4. FEI Number **59-1686899** Applied For ☐ Not Applied ☐

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

7. Name and Address of New Registered Agent

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY J. HEINMILLER 1/19/05 561/395-4

Date

Daytime Phone