

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # 537172

1. Entity Name
MICROFILE, INC.



Principal Place of Business
**2166 14TH CIRCLE NORTH
P.O. BOX 21125
ST. PETERSBURG, FL 33713**

Mailing Address
**2166 14TH CIRCLE NORTH
P.O. BOX 21125
ST. PETERSBURG, FL 33713**



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1798692

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SALERNO, MARTHA E
1700 78TH AVE N
ST. PETERSBURG, FL 33702**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SALERNO, MARTHA E 1700 78TH AVE N ST PETERSBURG, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SALERNO, ALFRED J 1700 78TH AVE N ST PETERSBURG, FL 00000,
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02/15/07-80013-003 158.75

**DO NOT WRITE
IN THIS SPACE**

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 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 empowered.

SIGNATURE: _____

MARTHA E. SALERNO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/07 727-577-6260
Date Daytime Phone #