


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 574007</b> 1. Entity Name <b>ALICE J. MICKLER, INCORPORATED</b>	
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Principal Place of Business <b>3435 VALLEY RANCH DR LUTZ, FL 33549 US</b>	Mailing Address <b>PO BOX 66 POLK CITY, FL 33868 US</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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01052004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1822737</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MICKLER III, MALCOLM P 4319 W. NORTH B STREET APT 7 TAMPA, FL 33609</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICKLER, KAREN 136 YELLOW BRANCH CIR ROBBINSVILLE, NC 28771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FENDIG, LINDA M 3435 VALLEY RANCH DR LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MICKLER III, MALCOLM P 4319 W. NORGH BS APT 7 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/28/04-80091-003 150.00

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

**SIGNATURE:** *Linda M Fendig* **LINDA M FENDIG PRES** 1-17-04 813-968-5488  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #