


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # 574007 1. Entity Name ALICE J. MICKLER, INCORPORATED	
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Principal Place of Business 3435 VALLEY RANCH DR LUTZ, FL 33548 US	Mailing Address PO BOX 66 POLK CITY, FL 33868 US
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DO NOT WRITE IN THIS SPACE



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1822737	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MICKLER III, MALCOLM P 4319 W. NORTH B STREET APT 7 TAMPA, FL 33609

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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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000949233 06/03/08-80021-009 150.00
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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 335484709
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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Linda M Fendig **LINDA M FENDIG** 4-22-08 (813) 968-5488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #