## **2007 FOR PROFIT CORPORATION**

## Apr 04, 2007 8:00 am Secretary of State SANNUAL REPORT **DOCUMENT #611558** 04-04-2007 90189 036 \*\*\*150.00 NINE ONE MIKE, INC. Principal Place of Business Mailing Address 1625 SILVERWOOD CT 1625 SILVERWOOD CT N. FT. MYERS, FL 33905 N. FT. MYERS, FL 33905 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03092007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 59-1895976 Not Applicable Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent INK, STANLEY K Street Address (P.O. Box Number is Not Acceptable) 1625 SILVERWOOD CT FT. MYERS, FL 33905 City Zip Code Fl 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 aignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE n Change Addition TITLE ☐ Delete CLARK, MICHAEL Armando Gomez 1726 SE 6th Lane NAME NAME STREET ADDRESS 6441 METRO PLANTATION ROAD STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33912 CITY-ST-78P 33990 Cape Coral, FL ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME MCFARLANE, ARNOLD R NAME STREET ADDRESS 7537 CORDOBA CIR STREET ADDRESS CTTY-ST-7IP NAPLES, FL 34109 CITY - 51 - 71P TILE PDS K) Change The Delete TITLE ☐ Addition INK, STANLEY K Ink, Stanley K. NAME NAME STREET ADDRESS 1625 SILVERWOOD CT. STREET ADDRESS 1625 Silverwood Ct. CITY-ST-ZIP NORTH FT.MYERS, FL 33903 CITY-ST-ZIP North Ft. Myers, FL 33903 TITLE Delete TITLE ☐ Change Addition NAME WELLMAN, R. KAY NAME STREET ADDRESS 1693 LATTA CT STREET ADDRESS CITY-ST-ZIP THE VILLAGES, FL 32162 CITY-ST-ZIP TITLE Oelete TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change Addition

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CTTY-ST-ZIP

NAME

SIGNATURE:	Ph Dyn	Stanley	K. Ink	.,
	SIGNATURE AND TYPED OR PRINTED N	LAME OF BIGHING OF	THICER OR DIFFE	CTOR

NAME

STREET ADDRESS

CITY-ST-ZIP

Stanley K. Ink, President

Mar. 26, 2007

(239)995-2442

**FILED**