

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 644339**

1. Entity Name  
**MIKE FLURY AND SONS, INC.**



Principal Place of Business  
**1923 W. PENSACOLA STREET  
TALLAHASSEE, FL 32304-3228**

Mailing Address  
**1923 W. PENSACOLA STREET  
TALLAHASSEE, FL 32304-3228**



07172007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1952283**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**FLURY, MICHAEL L  
3552 CARRINGTON DRIVE  
TALLAHASSEE, FL 32303**

**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 \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	FLURY, MICHAEL L
STREET ADDRESS	3552 CARRINGTON DR.
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	VP
NAME	FLURY, DEBORAH
STREET ADDRESS	3552 CARRINGTON DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000771655  
08/08/07-80001-008 550.00

**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: Mike Flury  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/07  
Date

576-3998  
Daytime Phone #