


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # 654993
 1. Entity Name
MIKE'S GUTTERING, INC.



Principal Place of Business 2861 WORK DR. # 3 FORT MYERS, FL 33916 US	Mailing Address 2861 WORK DR. # 3 FORT MYERS, FL 33916 US
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DO NOT WRITE IN THIS SPACE



02092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1965759	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 SHARPLESS, CAROL C PRES
 1225 BUENA VISTA DR.
 NORTH FORT MYERS, FL 33903

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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 _____ (NOTE: Registered Agent signature required when reinstating)
 U00000696222
 04/17/07-2009-015 150:00
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	PDT
NAME	SHARPLESS, CAROL C PDT
STREET ADDRESS	1225 BUENA VISTA DR.
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903
TITLE	V
NAME	SHARPLESS, WILLIAM E V
STREET ADDRESS	1225 BUENA VISTA DR.
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903
TITLE	D
NAME	DAVIS, GEORGE A D
STREET ADDRESS	14026 MARQUETTE BLVD.
CITY-ST-ZIP	FT. MYERS, FL 33905
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____ Date: 4-4-07 Daytime Phone #: 239 277-1937