


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # F90733
 1. Entity Name
MICHAEL C. SLIVKA, INC.



Principal Place of Business
5154 SANTA ROSA CT
CAPE CORAL, FL 33904

Mailing Address
5154 SANTA ROSA CT
CAPE CORAL, FL 33904

DO NOT WRITE IN THIS SPACE



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2216286

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SLIVKA, MICHAEL C
5154 SANTA ROSA CT
CAPE CORAL, FL 33904

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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) DATE _____

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	VD
NAME	SLIVKA, MARK
STREET ADDRESS	5154 SANTA ROSA CT
CITY - ST - ZIP	CAPE CORAL, FL 33904
TITLE	SDV
NAME	SLIVKA, TERRI L
STREET ADDRESS	5154 SANTA ROSA CT
CITY - ST - ZIP	CAPE CORAL, FL 33904
TITLE	PD
NAME	SLIVKA, MICHAEL C
STREET ADDRESS	5154 SANTA ROSA CT
CITY - ST - ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 05/01/07-80080-009 150.00

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: Michael C. Slivka Date: 4/18/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR