

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90010 011 ***550.00

DOCUMENT # F95000000799

1. Entity Name
MIKE BOWLING ENTERPRISES, INC.



Principal Place of Business

~~503 CENTRE STREET~~
FERNANDINA BEACH, FL 32034

Mailing Address

~~503 CENTRE STREET~~
FERNANDINA BEACH, FL 32034

44049940



2. Principal Place of Business

2420 LYNNDALE ROAD
Suite, Apt. #, etc.

3. Mailing Address

2420 LYNNDALE ROAD
Suite, Apt. #, etc.

07062004

Chg-P

CR2E034 (10/03)

City & State

FERNANDINA BEACH FL

Zip

32034

Country

NASSAU

City & State

FERNANDINA BEACH FL

Zip

32034

Country

NASSAU

4. FEI Number

31-1232192

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PTD**
STREET ADDRESS **BOWLING, J M**
CITY-ST-ZIP ~~C/O 503 CENTRE STREET~~
FERNANDINA BEACH, FL 32034

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **SIKORSKI, STAN**
CITY-ST-ZIP ~~503 CENTRE STREET~~
FERNANDINA BEACH, FL 32034

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2420 LYNNDALE ROAD**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **2420 LYNNDALE ROAD**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STAN SIKORSKI V

07/16/04

Date

904 321-0114

Daytime Phone #