

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90040 007 ***150.00

DOCUMENT # H79094

1. Entity Name

MI-LU ENTERPRISES, INC.



Principal Place of Business

2620 NORTH TAMiami TRAIL
FORT MYERS FL 33917

Mailing Address

PO BOX 3678
FT MYERS FL 33918

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2587969

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREIDANUS, TIMOTHY M.
4990 MARLINSPIKE CT. #202
FORT MYERS FL 33919

7. Name and Address of New Registered Agent

Name

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

14887 CANAAN DRIVE

FORT MYERS, FL 33908

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

Timothy M. Greidanus

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/9/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME GREIDANUS, TIMOTHY M.
STREET ADDRESS 4990 MARLINSPIKE CT. #202
CITY-ST-ZIP FORT MYERS FL 33919

TITLE VSD ☐ Delete
NAME GREIDANUS, MILDRED L
STREET ADDRESS 2620 N TAMiami TRL
CITY-ST-ZIP FORT MYERS FL 33903

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 14887 CANAAN DRIVE
STREET ADDRESS FORT MYERS, FL 33908
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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:

Timothy M. Greidanus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY M. GREIDANUS

02/08/05

239/415-9068

Date

Daytime Phone #