2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J22307

1. Entity Name
MICA SPECIALTIES, INC.

Principal Place of Business	Mailing Address
9149 EDEN AVE HUDSON, FL 34667	9149 EDEN AVE HUDSON, FL 34667

DO NOT WRITE IN THIS SPACE

03222005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2690424	Not Applicable

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

6. Name and Address of Current Registered Agent

MULLIGAN, JANICE D.
11432 OLIVE BRANCH CT.
NEW PORT RICHEY, FL 34654

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	VST
NAME	MULLIGAN, JANICE D.
STREET ADDRESS	11432 OLIVE BRANCH CT.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654

TITLE	P
NAME	MULLIGAN, JANICE D.
STREET ADDRESS	11432 OLIVE BRANCH CT.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654

TITLE	
NAME	
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CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/04/05-80001-001 150.00

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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: Janice D Mulligan   JANICE D. MULLIGAN   727 8623744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date 3-30-05   Daytime Phone #