2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005
Secretary of State

DOCUMENT# J34124

Entity Name: MICKATE SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

101 GEORGE KING BLVD
STE 2
CAPE CANAVERAL, FL 32920 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 216
CAPE CANAVERAL, FL 32920 US

New Mailing Address:

FEI Number: 59-2727404 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHELPS, HENRY H TREASUR
651 DUNDEE CIR.
MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BOYLE, JOHN
Address: 1730 CRANE CREEK BLVD.
City-St-Zip: MELBOURNE, FL

Title: STD ( ) Delete
Name: PHELPS, HENRY
Address: 651 DUNDEE CR.
City-St-Zip: MELBOURNE, FL

Title: D ( ) Delete
Name: BOYLE, RUTH
Address: 1730 CRANE CREEK BLVD.
City-St-Zip: MELBOURNE, FL

Title: D ( ) Delete
Name: PHELPH, MARTHA L
Address: 651 DUNDEE CIR.
City-St-Zip: MELBOURNE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY H PHELPS T 02/01/2005

Electronic Signature of Signing Officer or Director Date