

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90026 026 \*\*\*150.00

**DOCUMENT # J34124**

1. Entity Name  
**MICKATE SERVICES OF FLORIDA, INC.**



Principal Place of Business  
**651 DUNDEE CIR  
MELBOURNE, FL 32904 US**

Mailing Address  
**651 DUNDEE CIR  
MELBOURNE, FL 32904 US**



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2727404**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BOYLE, JOHN  
STREET ADDRESS 4991 NE 195TH CT  
CITY-ST-ZIP WILLISTON, FL 32696

TITLE STD  
NAME PHELPS, HENRY  
STREET ADDRESS ~~4991 NE 195TH CT~~ **651 Dundee Cir**  
CITY-ST-ZIP ~~WILLISTON, FL 32696~~ **MELBOURNE FL 32904**

TITLE D  
NAME BOYLE, RUTH  
STREET ADDRESS 1730 CRANE CREEK BLVD.  
CITY-ST-ZIP MELBOURNE, FL

TITLE D  
NAME PHELPH, MARTHA L  
STREET ADDRESS 651 DUNDEE CIR.  
CITY-ST-ZIP MELBOURNE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*Henry H Phelps*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-4-2008**

Date

Daytime Phone #