

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90147 033 ***150.00

DOCUMENT # J54749

1. Entity Name

MIKE BEARDSLEY ENTERPRISES, INC.



Principal Place of Business

484 SW COMMERCE DR.
SUITE #115
LAKE CITY, FL 32025 US

Mailing Address

484 SW COMMERCE DR.
SUITE #115
LAKE CITY, FL 32025 US

DO NOT WRITE IN THIS SPACE

(J54749=====P)

04302004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2737690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEARDSLEY, MICHAEL

~~RT 18 BOX 19~~
LAKE CITY, FL 32025

*484 SW Commerce Dr
Ste 115*

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	BEARDSLEY, ELIZABETH T
STREET ADDRESS	RT 11 BOX 106R <i>553 SW Miracle Ct.</i>
CITY - ST - ZIP	LAKE CITY, FL 32024
TITLE	DS
NAME	BEARDSLEY, EVELYN M.
STREET ADDRESS	RT 11 BOX 106R <i>553 SW Miracle Ct.</i>
CITY - ST - ZIP	LAKE CITY, FL
TITLE	P
NAME	BEARDSLEY, MICHAEL A.
STREET ADDRESS	RT 11 BOX 106R <i>553 SW Miracle Ct.</i>
CITY - ST - ZIP	LAKE CITY, FL 32024
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 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

4/30/04

Date

Daytime Phone #