


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # K61700 1. Entity Name MIKE MYERS & ASSOCIATES, INC.	
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Principal Place of Business C/O MIKE B. MYERS 4316 W STATE ROAD 46 SANFORD, FL 32771 US	Mailing Address MIKE MYERS 1100 FIELDWOOD BLVD LAKE MARY, FL 32746 US
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01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3024103	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MYERS, MICHAEL B 1100 FIELDWOOD BLVD STE 1016 LAKE MARY, FL 32746

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

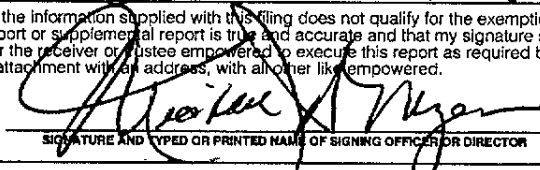
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, MICHAEL B. 4316 W. STATE ROAD 46 SANFORD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, JACQUIE M. 4316 W STATE ROAD 46 SANFORD, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/19/05-80017-004 150.00

**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

1/10/05 407-869-3473
Date Daytime Phone #