


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K61700 1. Entity Name MIKE MYERS & ASSOCIATES, INC.	
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Principal Place of Business 1100 FIELDWOOD BLVD LAKE MARY, FL 32746 US	Mailing Address 1100 FIELDWOOD BLVD LAKE MARY, FL 32746 US
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DO NOT WRITE IN THIS SPACE

FILED

08 JAN 22 AM 11: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01142008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

MYERS, MIKE
1100 FIELDWOOD BLVD
LAKE MARY, FL 32746

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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 _____ DATE _____

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

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

UN0006785099
01/22/08 2008 300.00

10. OFFICERS AND DIRECTORS

TITLE	P	MYERS, MICHAEL B
NAME		1100 FIELDWOOD BLVD
STREET ADDRESS		LAKE MARY, FL 32746
CITY-ST-ZIP		
TITLE	V	MYERS, JACQUELINE
NAME		1100 FIELDWOOD BLVD
STREET ADDRESS		LAKE MARY, FL 32746
CITY-ST-ZIP		
TITLE	S	MYERS, SEAN M
NAME		297 DUBLIN DR
STREET ADDRESS		LAKE MARY, FL 32746
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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VOID

200117640632
02/17/08--01005--017 **300.00

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: Michael S. Myers 1-10-08 407-869-3473

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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