

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90343 004 \*\*\*150.00



**DOCUMENT # P00000074370**  
 1. Entity Name  
**MIKKELSEN'S PASTRY SHOP, INC.**

Principal Place of Business: **3951 ARNOLD AVENUE NAPLES FL 34104**  
 Mailing Address: **3951 ARNOLD AVENUE NAPLES FL 34104**



2. Principal Place of Business: **1068 BUSINESS LANE**  
 Suite, Apt. #, etc.

3. Mailing Address: **1068 BUSINESS LANE**  
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State: **NAPLES FLA**  
 Zip: **34110** Country: **USA**

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 Zip: **34110** Country: **USA**

4. FEI Number: **59-3663208**  
 Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
**MIKKELSEN, ELIZABETH A**  
**3951 ARNOLD AVE**  
**NAPLES FL 34104**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): **1068 BUSINESS LANE**  
 City: **NAPLES** FL Zip Code: **34110**

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 reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MIKKELSEN, PAW K</b>
STREET ADDRESS	<b>3951 ARNOLD AVENUE</b>
CITY-ST-ZIP	<b>NAPLES FL 34104</b>
TITLE	<b>DS</b> <input type="checkbox"/> Delete
NAME	<b>MIKKELSEN, ELIZABETH A</b>
STREET ADDRESS	<b>3951 ARNOLD AVENUE</b>
CITY-ST-ZIP	<b>NAPLES FL 34104</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>1068 BUSINESS LANE</b>
CITY-ST-ZIP	<b>NAPLES FLA 34110</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>1068 BUSINESS LANE</b>
CITY-ST-ZIP	<b>Naples FLA 34110</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Elizabeth A Mikkelsen* 4-7-05 239-596-5996  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #