

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

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90031 018 ***150.00

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



DO NOT WRITE IN THIS SPACE

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40044883

CR2E034B (8/05)

2. Principal Place of Business
1068 BUSINESS LANE
Suite, Apt. #, etc. 233

3. Mailing Address
1068 BUSINESS LANE
Suite, Apt. #, etc. 233

City & State
NAPLES FLA
Zip 34110
Country USA

City & State
NAPLES FLA
Zip 34109
Country USA

4. FEI Number
59-3663208
Applied For Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MIKKELSEN, ELIZABETH A.
Street Address (P.O. Box Number is Not Acceptable)
1068 BUSINESS LANE
SUITE 233
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 Elizabeth A. Mikkelsen

3-22-07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25

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	D
NAME	MIKKELSEN, PAW K
STREET ADDRESS	1068 BUSINESS LANE, STE 233
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	DS
NAME	MIKKELSEN, ELIZABETH A
STREET ADDRESS	1068 BUSINESS LANE, STE 233
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth A. Mikkelsen

3-22-07

239-596-5996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #