

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90015 032 \*\*\*150.00

**DOCUMENT # P01000005661**

1. Entity Name

**MIKE OLDHAM ENTERPRISES, INC.**



Principal Place of Business

**349 ARCADIA DR.  
WELLINGTON FL 33414**

Mailing Address

**349 ARCADIA DR.  
WELLINGTON FL 33414**

2. Principal Place of Business

**245 VENUS STREET**

3. Mailing Address

**245 VENUS STREET**

Suite, Apt. #, etc.

**SUITE 4**

Suite, Apt. #, etc.

**SUITE 4**

City & State

**JUPITER, FL**

City & State

**JUPITER, FL**

Zip

**33458**

Country

Zip

**33458**

Country

4. FEI Number

**65-1073464**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SPILLANE, J.P.  
12788 W. FOREST HILL BLVD., SUITE 2005  
WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
OLDHAM, MICHAEL T  
349 ARCADIA DR.  
WELLINGTON FL 33414**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**245 VENUS STREET, SUITE 4  
JUPITER, FL 33458**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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: *Michael T. Oldham* **MICHAEL T. OLDHAM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-10-04**

Date

**561-827-2851**

Daytime Phone #