

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90018 013 ***150.00

DOCUMENT # P01000090273					
1. Entity Name MICHAEL W. FERGUSON ENTERPRISES INC.					
Principal Place of Business 969 AURORA RD MELBOURNE, FL 32935			Mailing Address 969 AURORA RD MELBOURNE, FL 32935		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3743004	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FERGUSON, MICHAEL W 1780 CANTERBURY DRIVE INDIALANTIC, FL 32903			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME FERGUSON, MICHAEL W		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1780 CANTERBURY DR	CITY-ST-ZIP INDIALANTIC, FL 32903			NAME	STREET ADDRESS
TITLE S	NAME FERGUSON, JENNIFER L		<input checked="" type="checkbox"/> Delete	NAME	STREET ADDRESS
STREET ADDRESS 1780 CANTERBURY DR	CITY-ST-ZIP INDIALANTIC, FL 32903			STREET ADDRESS	CITY-ST-ZIP
TITLE VP	NAME FERGUSON, CYNTHIA D		<input type="checkbox"/> Delete	NAME	STREET ADDRESS
STREET ADDRESS 1780 CANTERBURY DR	CITY-ST-ZIP INDIALANTIC, FL 32903			STREET ADDRESS	CITY-ST-ZIP
TITLE S	NAME FERGUSON, BRITTANY D		<input type="checkbox"/> Delete	NAME	STREET ADDRESS
STREET ADDRESS 1780 CANTERBURY DR	CITY-ST-ZIP INDIALANTIC, FL 32903			STREET ADDRESS	CITY-ST-ZIP
TITLE S	NAME FERGUSON, KRISTEN S		<input type="checkbox"/> Delete	NAME	STREET ADDRESS
STREET ADDRESS 1780 CANTERBURY DR	CITY-ST-ZIP INDIALANTIC, FL 32903			STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME		<input type="checkbox"/> Delete	NAME	STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP
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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					