


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000112808	
1. Entity Name MIKE TANNOUS ENGINEERING, INC.	

Principal Place of Business 261 LIVE OAKS BLVD BUILDING NO 6 CASSELBERRY, FL 32707	Mailing Address 261 LIVE OAKS BLVD BUILDING NO 6 CASSELBERRY, FL 32707
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02072006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3760722	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 STONE, STEPHEN M 725 N. MAGNOLIA AVENUE ORLANDO, FL 32803

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TANNOUS, BISHAR 3700 ALDERGATE PLACE CASSELBERRY, FL 32707
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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 of 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:  **Bishar Tannous** **3/4/06** **407-332-8688**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #