

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90253 009 \*\*\*150.00

**DOCUMENT # P02000015124**

1. Entity Name

MIKE'S HOME SERVICES, INC.



Principal Place of Business

4300 N. UNIVERSITY DRIVE  
SUITE B-104  
LAUDERHILL FL 33351

Mailing Address

4300 N. UNIVERSITY DRIVE  
SUITE B-104  
LAUDERHILL FL 33351

2. Principal Place of Business

796 Mallard Drive

Suite, Apt. #, etc.

3. Mailing Address

796 Mallard Drive

Suite, Apt. #, etc.

City & State

Delray Beach Florida

Zip  
33444

Country

City & State

Delray Beach Florida

Zip  
33444

Country

4. FEI Number

01-0594545

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CASAMASSINA, MICHAEL  
4300 N. UNIVERSITY DRIVE  
SUITE B-104  
LAUDERHILL FL 33351

7. Name and Address of New Registered Agent

Name: Michael Casamassina

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

796 Mallard Drive

City: Delray Beach

FL

Zip Code  
33444

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

*Michael Casamassina*

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

(NOTE: Registered Agent signature required when reinstating)

4-24-04

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 PSTD ☐ Delete  
NAME CASAMASSINA, MICHAEL  
STREET ADDRESS 4300 N. UNIVERSITY DRIVE SUITE B 104  
CITY-ST-ZIP LAUDERHILL FL 33351

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME Michael Casamassina  
STREET ADDRESS 796 Mallard Dr.  
CITY-ST-ZIP Delray Beach, FL 33444-2027

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Michael Casamassina*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-04

Date

(954) 650-2564

Daytime Phone #