


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000045649</b> 1. Entity Name <b>MICK'S PLACE, INC.</b>		
Principal Place of Business <b>2504 HIGHWAY 98 WEST MARY ESTHER FL 32569</b>		Mailing Address <b>2504 HIGHWAY 98 WEST MARY ESTHER FL 32569</b>
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.
City & State		City & State
Zip	Country	Zip



1st MOORE OR2E034 (10/04)

4. FEI Number <b>48-1263766</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>RECEK, MARY 114 CASTLE RD MARY ESTHER FL 32569</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b>   Zip Code</span>	

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: *Mary B Recek* **Mary B Recek / Sec** 1/31/05  
Signature, typed or printed name of registered agent and if not applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>RECEK, MICHAEL E</b> <b>114 CASTLE RD</b> <b>MARY ESTHER FL 32569</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000209274</b> <b>02/02/05-80031-016 150.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>RECEK, MARY F</b> <b>114 CASTLE RD</b> <b>MARY ESTHER FL 32569</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Mary B Recek* **Mary B Recek / Sec** 1/31/05 (850)581-062  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DeVine Phone #