

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90024 020 ***150.00

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02082005 Chg-P CR2E034 (10/03)

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| DOCUMENT # P02000048821 | |  | |
| 1. Entity Name MICKLER'S BOOKS, INC. | | | |
| Principal Place of Business 1003 JACKSON CREEK CT. OVIEDO, FL 32765 | | Mailing Address 1003 JACKSON CREEK CT. OVIEDO, FL 32765 | |
| 2. Principal Place of Business 243 MATEO WAY NE | | 3. Mailing Address 243 MATEO WAY NE | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State ST PETERSBURG FL | | City & State ST. PETERSBURG FL | |
| Zip 33704 | Country USA | Zip 33704 | Country USA |
| 4. FEI Number 03-0435371 | | 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 | | 7. Name and Address of New Registered Agent | |
| TYSON, GEORGE R 1003 JACKSON CREEK CT. OVIEDO, FL 32765 | | Name T. ALLAN SMITH Street Address (P.O. Box Number is Not Acceptable) 243 MATEO WAY NE City ST. PETERSBURG FL Zip Code 33704 | |
| 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 <u>T. Allan Smith</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 02.08.05 | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P TYSON, GEORGE R 1003 JACKSON CREEK CT. OVIEDO, FL 32765 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | P T. ALLAN SMITH 243 MATEO WAY NE ST PETERSBURG FL 33704 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP NIKI SMITH 243 MATEO WAY NE ST PETERSBURG FL 33704 <input type="checkbox"/> Change <input checked="" 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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| 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: <u>T. Allan Smith</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | 02.08.05 727-894-1565 Date Daytime Phone # | |