

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90031 039 ***150.00

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1. Entity Name

MIKE'S WAY ENTERPRISES, INC.



Principal Place of Business

~~22039 ALTOONA DR.~~ 22039 ALTONA DR.
BOCA RATON, FL 33428

Mailing Address

~~22039 ALTOONA DR.~~ 22039 ALTONA DR.
BOCA RATON, FL 33428

44025312



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

51-0416243

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORRIS, MICHAEL
~~22039 ALTOONA DR.~~ 22039 ALTONA DR.
BOCA RATON, FL 33428

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MORRIS, MICHAEL J
STREET ADDRESS ~~22039 ALTOONA DR.~~ 22039 ALTONA DR.
CITY-ST-ZIP ~~BOCA RATON, FL 33428~~ BOCA RATON, FL 33428

TITLE D
NAME MORRIS, DANIELLE R ~~22039 ALTOONA DR.~~ Danielle R
STREET ADDRESS ~~22039 ALTOONA DR.~~ 22039 ALTONA DR.
CITY-ST-ZIP ~~BOCA RATON, FL 33428~~ BOCA RATON, FL 33428

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael J Morris Michael J Morris 4-1-04 561-212-2602