

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000075551

1. Entity Name  
MIKE'S WAY ENTERPRISES, INC.



Principal Place of Business  
21799 PHILMONT CT  
BOCA RATON, FL 33428

Mailing Address  
21799 PHILMONT CT  
BOCA RATON, FL 33428



01062007 No Chg-P CR2E034 (11/05)

4. FEI Number  
51-0416243

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

MORRIS, MICHAEL  
21799 PHILMONT COURT  
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

U000000645245  
03/02/07-80075-024 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MORRIS, MICHAEL J
STREET ADDRESS	21799 PHILMONT CT
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	D
NAME	MORRIS, DANYALLE R
STREET ADDRESS	21799 PHILMONT CT
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 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

2-19-07

Date

961-239-3419

Daytime Phone #