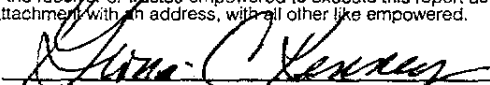


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000081894 1. Entity Name MIKE'S STRIPING, INC.					
Principal Place of Business 7080 SW 20 STREET PLANTATION FL 33317			Mailing Address 7080 SW 20 STREET PLANTATION FL 33317		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KENNEY, MICHAEL J 7080 SW 20 STREET PLANTATION FL 33317				Name	
				Street Address (P O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	P, D		☐ Delete		
NAME	KENNEY, MICHAEL J				
STREET ADDRESS	7080 SW 20 STREET				
CITY - ST - ZIP	PLANTATION FL 33317				
TITLE	VSD		☐ Delete		
NAME	KENNEY, GLORIA C				
STREET ADDRESS	7080 SW 20 STREET				
CITY - ST - ZIP	PLANTATION FL 33317				
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					
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:  Feb 4, 2004 954-527-7412 Date Daytime Phone #					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



MOORE CR2E034 (11/03)

4. FEI Number **36-4503145** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

FL