

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2006 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**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0102647

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KENNEY, MICHAEL J
7080 SW 20 STREET
PLANTATION, FL 33317**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P, D
NAME	KENNEY, MICHAEL J
STREET ADDRESS	7080 SW 20 STREET
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	VSD
NAME	KENNEY, GLORIA C
STREET ADDRESS	7080 SW 20 STREET
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000383360
01/12/06-80050-004 158.75

**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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Michael J Kenney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J Kenney 1-9-06

Date

Daytime Phone #

954 584-9344