


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90015 001 ***150.00

DOCUMENT # P02000130285			
1. Entity Name MIKE'S SMALL CARPENTRY, INC.			
Principal Place of Business 10329 USHER STREET SPRING HILL, FL 34608		Mailing Address 10329 USHER STREET SPRING HILL, FL 34608	
2. Principal Place of Business 12159 LANDFAIR ST		3. Mailing Address 12159 LANDFAIR ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SPRING HILL FL		City & State SPRING HILL FL	
Zip 34608	Country US	Zip 34608	Country US
6. Name and Address of Current Registered Agent MCMAHON, MICHAEL C 12159 LANDFAIR ST SPRING HILL, FL 34608		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
-- FILE NOW!!! -- FEE IS \$150.00 -- After May 1, 2004 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	PRESIDENT MICHAEL C. MCMAHON 12159 LANDFAIR ST SPRING HILL FL 34608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT LINDA J. MATHESON 12159 LANDFAIR ST SPRING HILL FL 34608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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: MICHAEL C. MCMAHON, PRESIDENT		13/1/04 (352) 303-1610	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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02252004 Chg-P CR2E034 (10/03)

4. FEI Number
05-0544058 Applied For
Not Applicable

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