


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000031870**  
 1. Entity Name  
 MICOLL, INC.



Principal Place of Business  
 3250 LAKE WASHINGTON ROAD  
 MELBOURNE, FL 32934

Mailing Address  
 3250 LAKE WASHINGTON ROAD  
 MELBOURNE, FL 32934

**DO NOT WRITE IN THIS SPACE**



06212005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 43-2005301

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 HEASLEWOOD, MICHAEL  
 3250 LAKE WASHINGTON ROAD  
 MELBOURNE, FL 32934

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reelecting)

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEASLEWOOD, COLLEEN 3250 LAKE WASHINGTON ROAD MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEASLEWOOD, MICHAEL 3250 LAKE WASHINGTON ROAD MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000378255  
 09/13/05-80002-008 550.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 a address, with all other like empowered.

**SIGNATURE:**  **9/1/05** **321 242-1564**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #