

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 28, 2006 8:00 am**  
**Secretary of State**

08-28-2006 90006 033 \*\*\*150.00

**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**



08162006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>43-2005301</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HEASLEWOOD, COLLEEN
STREET ADDRESS	3250 LAKE WASHINGTON ROAD
CITY-ST-ZIP	MELBOURNE, FL 32934
TITLE	D
NAME	HEASLEWOOD, MICHAEL
STREET ADDRESS	3250 LAKE WASHINGTON ROAD
CITY-ST-ZIP	MELBOURNE, FL 32934
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:** MICHAEL HEASLEWOOD **8/22/06** **321-242-1564**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #