2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000050245

1. Entity Name
MICKLER'S DRYWALL TEXTURES INC.

Principal Place of Business	Mailing Address
13236 GRAND TERRACE DRIVE GRAND ISLAND, FL 32735	13236 GRAND TERRACE DRIVE GRAND ISLAND, FL 32735

02102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2349975
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MICKLER, GREGORY A
13236 GRAND TERRACE DRIVE
GRAND ISLAND, FL 32735

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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 reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MICKLER, GREGORY A
STREET ADDRESS	13236 GRAND TERRACE DRIVE
CITY-ST-ZIP	GRAND ISLAND, FL 32735
TITLE	VD
NAME	MICKLER, STACY A
STREET ADDRESS	13236 GRAND TERRACE DRIVE
CITY-ST-ZIP	GRAND ISLAND, FL 32735
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/26/08-80024-005 150.00

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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: Gregory A. Mickler Gregory A. Mickler 2-10-08 352-483-3927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #