2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 06, 2007 08:00 AM DOCUMENT # P03000053351 **Secretary of State** 1. Entity Namo MIKE'S GIT N GO INC. Principal Place of Business Mailing Address 4338 BASSWOOD ROAD GREENWOOD FL 32443 4338 BASSWOOD ROAD GREENWOOD FL 32443 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt #, otc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For City & State City & Stato 4. FEI Number 33-1058124 Not Applicable Žip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HENRY, MICHAEL W Street Address (P.O. Box Number is Not Acceptable) 4062 BRYAN STREET **GREENWOOD FL 32443** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Fiorida 1 am familiar with, and accept the obligations of registered agent. SIGNATURE . Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing . \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Addition TITLE ☐ Delete HILL HENRY, MICHAEL W NAME NAME U00000624463 02/14/07-80034-014 150.00 4062 BRYAN STREET STRIET ADDRESS STRUET ADDRESS GREENWOOD FL 32443 CITY+ST-ZIP CITY - ST - 7(P TITLE □ Change Addition ☐ Delete THE HENRY, MICHAEL W NAM **4062 BRYAN STREET** STREET ADDRESS STREET ADDRESS GREENWOOD FL 32443 CHY-SI-7/P CHY-SI-ZIP Addition TITLE ☐ Delete ☐ Change TITLE HENRY, SUSAN N NAME NAME STREET ADDRESS **4062 BRYAN STREET** STREET ADDRESS GREENWOOD FL 32443 CITY-ST-ZIP C!TY - ST - ZIP ☐ Delete IIIIE Change Addition HENRY, SUSAN N NAME 4062 BRYAN STREET STREET ADDRESS STREET ADDRESS GREENWOOD FL 32443 CITY-ST-71P CITY-ST-ZIP mu ☐ Delete THLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP mu Delete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

HOMATURE: SUMMY STEW

Susan N. Henry, owner_

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