

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000136487

1. Entity Name

PAPA MIKE'S HOME IMPROVEMENTS, INC.



Principal Place of Business

6109 LYNNWOOD AVE.
JACKSONVILLE, FL 32210

Mailing Address

6109 LYNNWOOD AVE.
JACKSONVILLE, FL 32210



04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

56-2414761

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

SIGLER, MICHAEL J
6109 LYNNWOOD AVE.
JACKSONVILLE, FL 32210

**DO NOT WRITE
IN THIS SPACE**

6. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

000000543293
05/10/06-90132-017 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME SIGLER, MICHAEL J
STREET ADDRESS 6109 LYNNWOOD AVE.
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE V
NAME SIGLER, WILLIAM
STREET ADDRESS 6109 LYNNWOOD AVE.
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE ST
NAME SIGLER, LUCIA
STREET ADDRESS 6109 LYNNWOOD AVE.
CITY-ST-ZIP JACKSONVILLE, FL 32210

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 J Sigler* - Michael J Sigler *26/1* *Apr 28 2006* 924 6074466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #